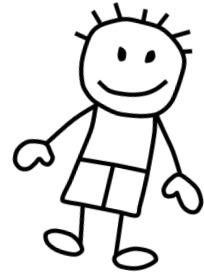




# Allergies/Medical Condi- tions



## Child's Details:

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

## Allergies/Sensitivities

\_\_\_\_\_  
\_\_\_\_\_

Any known allergies to sticky plasters/wound dressings (Yes/No)

If yes please give details \_\_\_\_\_

## Medically Recognised Condition

\_\_\_\_\_  
Details: \_\_\_\_\_

**\*Please attach any supporting medical evidence that you have to this form.**

Was your child premature at birth (Yes/No) \_\_\_\_\_

Dietary Requirements (e.g. Religious, Preferences etc.) Yes/No \_\_\_\_\_

\_\_\_\_\_  
If your child has a vegetarian diet, please let us know if they can or cannot eat **fish**

\_\_\_\_\_

My child cannot eat: \_\_\_\_\_

\_\_\_\_\_

My child cannot drink: \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_