**Additional Medical information.**

A condition has been listed on your child’s registration form, so please can we ascertain the following further information to help us to keep your child safe:

* How severe is the illness/allergy?
* What special precautions do we need to take with your child’s illness/allergy?
* What symptoms/signs or triggers should we be looking out for in your child?
* What is your suggested emergency procedure?
* What medication is given? (Complete medication form or self-administration consent form)
* Where is the medication stored if self-administered?

I agree to the above and confirm that it is a true and complete representation of my son/daughter’s requirements.

Signed Parent / Guardian Date