

**Appendix Four: Link Club Allergy and Medical information**

**Great Sankey Primary Before and After School Club**



It is important that we record any information with regards to allergies or medical needs. Please complete the form below completing the relevant box and details as required and return to the school office.

**NAME:** \_\_\_\_\_

My child <b>does not</b> have any allergies	
My child <b>does not</b> have any medical needs	

My child <b>has</b> the following allergies	
Details of allergies and any action required	
My child <b>has</b> the following medical needs	
Details of medical needs and any action required	

I understand that this information will be stored at school and shared with key members of staff as part of the care around my child. I understand that I need to communicate with the school immediately should any of this information change.

A member of staff may contact you for more details following the return of this form.

**Signed:** \_\_\_\_\_ **(Parent/Carer)**

**Date:** \_\_\_\_\_