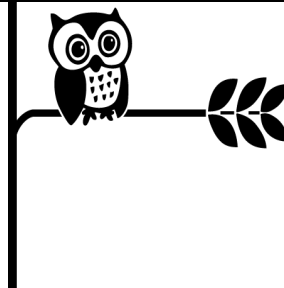


# Individual Health Details



Pupil name:

Date:

Class:

Parent Name:

Nature of medical need/allergy

Symptoms and Treatment

Arrangements/action to be taken by school

**Emergency contact** names, relationship to child and numbers

Please contact a member of the Pastoral Team if you require a meeting to discuss the above in more detail.