



WILLIAM AUSTIN
CARE • INSPIRE • ACHIEVE

William Austin Junior School
Headteacher: Mrs J Adams BA (Hons), QTS, NPQH

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Name Class.....

Dear Family

Medical Conditions

To ensure our medical records on your child are correct, we would like **all** parents to return this letter duly completed whether or not your child has ailments. Please complete a separate sheet for each child.

My child has the following conditions:

Condition	Please tick	
Asthma		Please ensure an inhaler has been handed to the medical room.
Food Allergies		Please specify:
EpiPen		Please ensure this is handed to the medical room.
Eczema		
Epilepsy		Please ensure medication, if required, is in the medical room.
Hayfever		Please ensure medication, if required, is in the medical room.
Any other condition not mentioned above.		Please let us know if this requires medication in school.

My child does not suffer from any medical conditions

Please ensure you notify the school of any future changes in your child's health as soon as possible.

Signed Parent/carer

Date

