

St. Andrew's C.E. Primary School  
Medication/Allergy Record Card

Name: ..... Class: .....

**Type of Allergy/Medical Condition** (to ensure your child's safety and wellbeing, it is vital that you are specific i.e. food intolerance is not sufficient, we need to know what type i.e. wheat, dairy etc).

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**Required Medication i.e. asthma inhaler, insulin:**

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Please liaise with your child's class teacher if your child has specific daily requirements.

Signed:..... Date:.....

PTO

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Any other relevant information: .....

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