

Space left intentionally blank for
pupil photo to be inserted (by school)



Robert Wilkinson
PRIMARY ACADEMY

Dear Parent / Guardian,

If your child has a medical condition or an allergy / intolerance to certain foods that we need to be aware of in school please can you complete the form below giving as much detail as possible. Thank you.

Medical Condition Form

Child's Name		Class	
Medical Condition			
Details of Condition			
Medication Details (Inhaler, Epi pen etc) including expiry date if applicable			
What to watch out for			
What to do next			
Any other information			

Signed _____ Parent/Guardian Date _____



www.robertwilkinson.ebor.academy | Email robertwilkinsonacademy@robwilk.co.uk | Telephone 01904 555160
West End, Strensall, York YO32 5UH | Principal: Sarah Wright | CEO/Executive Headteacher: Richard Ludlow
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