

Medical Condition	
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Pupil's Name:

D.O.B.

Present Class:

(Please Tick)

Junior Infant	1 st	3rd	5 th	Special ASD
Senior Infant	2nd	4th	6th	

<p>Photo of pupil.</p> <p>(Essential if child has medical condition.)</p>

If child has asthma has he/she an inhaler?	
Does he/she bring it to school?	
Please clarify in the table below, when it is to be used.	

Please fill in for all conditions.

Symptoms /signs to look out for	Action to be taken by staff member.

Contact Numbers	1:	3:
	2:	

If there is any other information we would need, please fill in over leaf.