



# Plat Douet School

Plat Douet Road, St Saviour, Jersey, JE2 7PN Channel Islands.  
Tel: (01534) 725759 Fax: (01534) 615860 E-Mail: admin@platdouet.sch.je  
Website: www.platdouet.sch.je Headteacher: Mr Philip Walker

Dear Parent/ Carer

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

In order to ensure the health and safety of the children in our care during the day, please complete the following medical record, **even if there are no medical conditions to be noted.**

1. Does your child have any medical condition which should be known to his/her class teacher?  
e.g. diabetes, asthma, ADHD, hearing loss, sight problems

.....

.....

.....

2. Does your child have any allergies which should be known to his/her class teacher? e.g foods which we may use during food technology sessions:- foods he/she may come into contact with at lunchtimes; substances he/she may encounter on a school outing or visit.

.....

.....

.....

3. Does your child need to receive medication during the school day? e.g. Ritalin, asthma inhaler. If so, please give details of the dosage

.....

.....

.....

**All inhalers should be clearly named.** They will be sent home at the end of term so that parents/carers can check that they have not passed their 'expiry' date.

4. Does your child wear glasses? .....  
If so please give details e.g. just for reading, all of the time, for distances such as reading off the board.

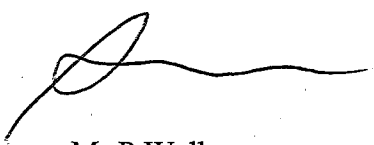
.....  
.....  
.....

5. Does your child take medication at home which could affect his/her performance or behaviour during the day at school e.g. hay fever remedies which may cause drowsiness

.....  
.....  
.....

Thank you for taking the time to fill in this form. Should any of the above information change in the future, please advise the school secretary as soon as possible so that our records are kept up to date.

Yours sincerely,



Mr P Walker  
Headteacher

**Signed:-**

Parent/ Carer \_\_\_\_\_

Date \_\_\_\_\_