



**ST AMBROSE BARLOW CATHOLIC PRIMARY SCHOOL**

**HEALTH AND DISABILITY RECORDS**

If you need to advise the school of a medical condition relating to your child please complete this form and return it to the school in an envelope marked 'confidential'

Name of pupil .....

D.O.B. ....

Class:.....



Nature of health condition (eg asthma; allergies, hearing/visual impairment etc)

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.....

Any immediate action to be taken by the school.....

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My child should not participate in the following activities .

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.....  
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Parent's/Carer's signature .....Date.....

**THIS FORM MUST BE HANDED IN TO THE SCHOOL OFFICE**