

**Updating Medical Information**

**Name of Pupil……………………………………………………………. Year Group………………**

***Emergency Consent:*** *The school has permission to give/arrange emergency treatment unless you state otherwise on this form that you do not give consent.*

**Dietary Needs:**

**Allergy Information:**

**Doctor’s Name, Surgery Name and Address:**

**Other Medical Information e.g. asthma, diabetes:**

**Name of parent completing this form:**

**Signature of parent completing this form:**

**Date form completed:**

*Please return this form to the school or email to* *admin@topsham.devon.sch.uk*