



# Lockington CE VC Primary School

Headteacher: Mrs Julie Cattle  
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## Lockington Little Lights

### MEDICAL FORM

IMPORTANT: If your child has a complex medical condition, please make an appointment to come in and discuss it with staff. We will work with you to manage your child's condition in school. Please note that a confirmation of allergies and some dietary requirements will be needed. Once you have completed this form it is your responsibility to inform the school of any changes to your child's health or medical information which the school needs to know.

Staff will administer first aid to your child when necessary. In an emergency, we will take your child to a hospital if we cannot contact you. If you do not consent to either of the above, please state this in writing to the Headteacher.

**NAME OF CHILD:** .....

A. Does your child have any diagnosed medical conditions? YES/NO  
If so, please state below:

B. Does your child have any medical conditions requiring medical treatment, including medication? If yes give brief details below: YES/NO

C. Does your son/daughter have any allergies such as to medication, pollen, or specific foods? If YES, please give brief details below: YES/NO

D. Please outline any special dietary requirements of your child below: (eg Vegetarian, gluten free, lactose or gluten intolerant etc).

Name and Surgery Address of Family Doctor:

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..... Tel: .....

Signature of Parent/Guardian: ..... Date: .....