

## Additions and Changes to the School Medical Form 2018-19

Please indicate below any changes to your child's medical history in the last 12 months so school records can be updated. **The school cannot be held responsible in any event where there has been a failure to disclose a pupil's medical condition.**

Please state any new medical conditions, immunisations, medication etc

***Please delete one of the following statements:***

- *There are no changes to the medical history of my child OR*
- *The following changes to the medical history of my child should be recorded by the school:*

**Signature of parent/guardian** .....

**Printed name of child** .....

**Date** .....