



LINGHAM PRIMARY SCHOOL

2nd December 2015

Dear Parent/Carer,

Please find enclosed an Individual Health Care plan for your child.

This plan has been written to ensure the best support can be given to your child should they suffer an allergic reaction.

Can you please read the enclosed plan and make any alterations that you feel are required and return it to me at school as soon as possible. This plan will then be passed to the class teacher for their records.

If you feel the plan is correct as it is then please sign it and send it back to school so a copy can be kept and we will return a copy to yourselves for your records. We will forward copies to any health care professionals that you feel necessary.

All medication will be stored in school until the summer holiday when you will need to collect and sign for it and then return it ready to be relabelled with the relevant class details for the next academic year.

Please ensure all medication is in date.

If the medication is due to expire before July then please collect and dispose of the old medication and replace with new.

Please fill in the type of medication and expiration dates for your child's medication below:

Name of medication: _____

Dosage: _____

Thank you very much for your cooperation concerning this matter

Yours Sincerely

Louisa Blake