The Catholic School of Saint Gregory The Great

INDIVIDUAL HEALTH CARE PLAN - ALLERGIES / INTOLERANCE

On the Supplementary Information Form you have stated that your child has an allergy/intolerance. To ensure staff can quickly and safely react to an incident regarding a reaction please state below the type of reaction which is likely to occur and the action you wish the school to take.

Please complete and return this form.

CHILD'S NAME:		**CLASS:**	
TYPE OF ALLERGY / INTOLERANCE:			
SYMPTOMS:			
DESCRIBE TREATMENT REQUIRED IN THE CASE OF AN ALLERGIC REACTION:			

Signed…… …….. Parent/Carer

Date …….