

Leeton Public School

Mallee Street, Leeton NSW 2705
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Health Issues

If your child has a medical condition, please complete the following information:

Child's Name _____ Date of Birth: _____

Medical Condition: (eg anaphylaxis, allergy, asthma, autism) _____

If anaphylaxis, list confirmed allergies: _____

Triggers / Comments: _____

How is the condition to be treated? _____

Please list two emergency contacts (other than parents):

1. _____

2. _____

Please note: If your child is Anaphylactic, we require you to provide the school with an up to date ASCIA form (completed by your doctor). If your child has Asthma, we require an asthma management plan from your doctor.