

Dear Parent

You have indicated that your child has a diagnosis of one or more of the following conditions

* Asthma
* Anaphylactic allergy
* Diabetes
* Epilepsy
* Other severe health conditions

The Department of Education requires that a **Health Care Plan, Anaphylaxis Plan or Asthma Plan** be provided **from your doctor** for our records to assist in managing your child’s health needs at school.

Please update or confirm the details of the enclosed Individual Health Care Plan with regard to your child’s health care needs at school.

Please **sign, date** and return to the school along with the relevant **Action Plan provided by your doctor**.

Thank you for your assistance.

Mr Paul Ivers Mrs Jenni Boyle

Principal Head Teacher Wellbeing