	*Please use a separate form for each change in details and ensure that **ALL** white areas are completed.* **Appendix 1A**		
Full name of pupil		Date of change	
Change in medical information on record	Hearing ☐ Seizures ☐ Allergies ☐ Asthma ☐ Physical Disability ☐ Other ☐ Eyesight ☐ Diabetes ☐ Anaphylaxis ☐ Migraines ☐ Behavioural Difficulties ☐ *Details*:		
How is this likely to affect requirements at CLS?			
Parent / Guardian signature		Date	
For Medical Centre use only	Recorded on database ☐ Reported to relevant staff ☐ Requires follow-up ☐ Follow-up complete ☐		