

Muskateers After School Activity Club

SPECIAL/ADDITIONAL NEEDS INFORMATION FORM

Name of Child

Details of medical condition/additional needs:	
Is this condition:	Diagnosed/Undiagnosed*
Is your child awaiting assessment?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require 1:1 support?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require access to disabled toilets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide any other details of support required for your child on a daily basis including those provided by the School:	
Are you happy for us to discuss your child's needs with the School:	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please delete as appropriate

Signed Dated

Please print name