|  |  |
| --- | --- |
| Child’s name |  |
| Date of birth |  |
| Class/form |  |
| Home address |  |
| **Medical Diagnosis/Condition** |  |
| Date condition was diagnosed. |  |

**Family Contact Information**

|  |  |
| --- | --- |
| **Parent/Carer name** |  |
| Relationship to Child |  |
| Emergency contact 1  |  |
| Emergency contact 2 |  |
|  |  |
| **Second emergency contact:** |
| **Name**  |  |
| Relationship to Child |  |
| Emergency contact 1 |  |
| Emergency contact 2 |  |

**GP Details**

|  |  |
| --- | --- |
| Name and Address of GP Practice |  |
| Phone number |  |

**Clinic/Hospital Contact (if applicable)**

|  |  |
| --- | --- |
| Name of consultant |  |
| Phone number |  |

|  |
| --- |
| **Parents/Carers please remember it is your responsibility to:*** Tell school about any changes in your child’s condition, including medication.
* Ensure that your child has a reliever medication and spacer in school with them and that it is clearly labelled with their name.
* Ensure that your child’s medication has not expired
 |

**Request for a child to carry their own medication, if yes please give name of medication and frequency.**

Describe how condition/illness affects your child, including their signs, symptoms and triggers.

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|  |

What is your child’s daily care requirements? Include the name of any medication, dose and how often it is required?

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|  |

Describe what an attack looks like for your child and the action to be taken.

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|  |

Who is to be contacted in an emergency? Ensure all contact details are shared.

|  |
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|  |

Copies to:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Print Name  |  |
| Signed  |  |
| Relationship to Student |  |
| Date Completed: |  |
| Review Date:  |  |