Pupil Contact and Medical Information Form 2017-18

Basic details:			
Child's name:		Date form completed:	
Date of birth:			
Address:			

Main Emergency telephone number: (Only add work number if relevant)					
Name:		**Relationship:**		**Parental responsibility**	☐
Address: (If different from pupil)				**Requires correspondence**	☐
Mobile:		**Home:**		**Work:**	

Other contact telephone numbers: (Only add work number if relevant)					
Name:		**Relationship:**		**Parental responsibility**	☐
Address: (If different from pupil)				**Requires correspondence**	☐
Mobile:		**Home:**		**Work:**	

Name:		**Relationship:**		**Parental responsibility**	☐
Address: (If different from pupil)				**Requires correspondence**	☐
Mobile:		**Home:**		**Work:**	

Name:		**Relationship:**		**Parental responsibility**	☐
Address: (If different from pupil)				**Requires correspondence**	☐
Mobile:		**Home:**		**Work:**	

Please turn over to add medical information

MEDICAL INFORMATION:				
GP NAME:				
SURGERY NAME AND ADDRESS:				
MEDICAL CONDITION				
CURRENT MEDICATION (TICK (✓) IF TO BE TAKEN IN SCHOOL)				
ALLERGIC TO PENICILLIN?	Yes ☐ No ☐ Unsure ☐	**ALLERGIC TO ELASTOPLAST?**	Yes ☐ No ☐ Unsure ☐	
ANY OTHER KNOWN ALLERGIES (including food)				
DOES YOUR CHILD HAVE EPILEPSY?	Yes ☐ No ☐	**DO THEY HAVE RESCUE MEDICATION?**	Yes ☐ No ☐	
DOES YOUR CHILD HAVE ASTHMA?	Yes ☐ No ☐	**DO THEY HAVE A PRESCRIBED INHALER?**	Yes ☐ No ☐	
ANY OTHER EMERGENCY MEDICATION? (i.e EPI-PEN / HYDROCORTISONE)				
OTHER RELEVANT INFORMATION				

Completed by:		**Signed:**	