

**Important Medical Information and Contact Details**

Child's Full name.....

Child's Date of Birth.....

Next of kin.....Relationship to child.....

Name and address of family Doctor.....

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Doctor's Telephone Number.....

Consultant Name and address.....

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Consultant telephone number.....

National Health Number .....

Home Emergency Contact Telephone Numbers:

Please give details for three people who will be available for contact in an emergency.

Contact 1: Name..... Relationship to child.....

Home Number..... Work number.....

Mobile number.....

Contact 2: Name .....Relationship to child.....

Home Number.....Work Number.....

Mobile number.....

Contact 3: Name .....Relationship to child.....

Home Number.....Work Number.....

Mobile number.....

In the event that the school is unable to contact you, do you consent for your child to be given the following medications: Paracetamol  Ibuprofen  Calpol

In the event that the school is unable to contact you, do you give consent for Beaucroft staff to seek medical advice and if required accompany your child to hospital.

Yes  No

Please tick appropriate boxes.

## Medication

Child's Full name..... Date of Birth.....

My child has prescribed medication which they take at home/ school.

*Please tick appropriate box*

Yes

No

*Please fill in as appropriate*

Medication and strength	Morning dose	Lunchtime dose	Evening dose	Bedtime dose	As required

### Further Medical information

Please list details of any specific medical conditions, allergies (and severity), diet or relevant information that we need to know

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Tetanus: Date of last tetanus injection (if known).....