

**STUDENT EMERGENCY CONTACT AND MEDICAL INFORMATION I**  
**PLEASE FILL OUT AT LEAST ONCE EVERY SCHOOL YEAR TO ENSURE OUR**  
**RECORDS ARE UP TO DATE**

Student Name .....

DOB .....

Address .....

.....

.....

**Primary Contact**

Full Name of Contact .....

Relationship to Pupil .....

No. to call ( home/ work / mobile) .....

**Secondary Contact**

Full Name of Contact .....

Relationship to Pupil .....

No. to call ( home/ work / mobile) .....

**IN CASE THE TWO CONTACTS ABOVE CANNOT BE REACHED, PLEASE LIST NAME AND PHONE NUMBER OF RELATIVE OR FRIEND WE MAY CONTACT IN AN EMERGENCY.**

Full Name of Contact .....

Relationship to Pupil .....

No. to call ( home/ work / mobile) .....

**MEDICAL INFORMATION**

Doctor's Name .....

Doctor's Surgery Address .....

Doctor's Tel No. ....

**Continued – Please Turn Over**

Does your child suffer from any of the following:

Heart condition                  Diabetes                  Asthma                  Seizures or fits                  Depression  
Other (please give details) .....

Does your child have any allergies?  
If yes, please give details .....

Is your child taking any medication at the moment?  
If yes please give details.....

Does your child use an inhaler?	Yes	No
Does your child use an EpiPen?	Yes	No
Does your child have any hearing difficulties?	Yes	No

If yes, please give details.....

Does your child have any problems with their vision?    Yes                  No  
If yes, please give details.....

Has your child has a serious illness / accident / injury in the last two months?  
If yes, please give details.....

Has your child been inoculated against TETANUS?  
If yes, please give the date of their last injection.....

Please indicate if you are willing for your child to undergo emergency treatment from a doctor or hospital should this be necessary?  
Yes / No (please delete as appropriate)

Signature of Parent/Guardian .....

Date.....

**Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Calpol, Paracetamol) into school.  
The school cannot be held responsible for students self-medicating.**

**School is not responsible for any medication found on a student that hasn't been declared.**