



Errington Primary School Medical Information Form



<u>Child's name:</u>		
<u>D.O.B</u>		
<u>Address:</u>		
<u>Parent/Guardian Name</u>		
<u>Telephone</u> Home: Work:		
<u>GP Surgery</u> Name: Telephone:		
NHS Number:		
Professionals Involved:		
<div><input type="checkbox"/> <u>Medical Conditions</u> My child has no medical condition (please tick and sign on the next page)</div>		
Name of condition.	Treatment and management. Please use an additional sheet for more information.	

(For Asthma please turn over).

Regular treatment for Asthma to be taken in school time:

Name of medication and how taken.	Dose and when taken.

Before exercise: Yes / No

Relief treatment when needed.

For sudden chest tightness, wheeze, breathlessness or cough, give or allow child to take:

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Please underline the following as appropriate.

If no relief or symptoms reappear within three hours

- Repeat above as often as needed
- Call parent/guardian

If child is fighting for breath, speechless or blue

- Repeat above until symptoms improve
- Call parent
- Dial 999 for an ambulance

Or

- Take to nearest hospital

Dietary requirements: please give details in the boxes below:

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Parent/Guardian signature:

Name:.....

Date.....