

**BERRY HILL PRIMARY SCHOOL  
BUDDIES CLUB MEDICAL INFORMATION FORM - March 2018**



Name of Child	D.O.B.
Emergency Contact Number 1)	
Emergency Contact Number 2)	
Doctors Name and Surgery	Doctors Contact Details

My child is fit and well and currently has no known allergies or medical requirements YES / NO

My child has the following allergies / medical conditions (please provide full details):  
 (eg CONDITIONS: Asthma / sight / hearing / heart condition / diabetes / sensitive bladder  
 ALLERGIES: pollen / nuts / materials / plasters / bee or wasp stings / food allergies

My child requires the following medication  
 (Please indicate if it is daily / frequency (eg inhaler before PE lesson), occasionally (eg inhaler when the child has a cold) or an emergency (eg an EpiPen)

**PLEASE NOTE: A signed form (available from the office) is always needed for medicine to be administered.  
 Inhalers should always be handed to class teachers for storage in classrooms, and not in children's bags.**

**Please sign below to accept each of these statements:**

I understand that as the parent / carer it is my responsibility to - provide the above medication for my child to use in school and to replace it when it expires or has run out.

I give permission for my child to receive first aid as appropriate (eg plaster / ice pack).

I understand that in an emergency the school will use the emergency contact numbers above and if necessary will contact the emergency services (eg ambulance). This may be in school, or on a school trip.

I understand that as parent / carer it is my responsibility to update these details if and when there are any changes to my child's health or medication requirements.

Signed: ..... Print name: ..... Date: .....