

KINGSDOWN SECONDARY SCHOOL
Emergency Contact - Medical Form

Student name Date of Birth

Address

Tel no (home) Mobile:

Parent/carer name

Email address

Address and telephone number (if different from above)

Tel (work) (Mobile)

Emergency contact name

Address

Tel no (home) (work) (mobile)

Does your child/ward suffer form any medical condition?
(please tick all that apply)

- Asthma
- ADHD
- Allergies
- Epilepsy
- Diabetes
- Heart condition
- Haemophilia
- Sickle cell anaemia
- Any other

Does your child/ward need to take regular medication? Yes/no

Details

Describe any emergency procedures which may be necessary in the event of your child/ward being taken ill whilst at school:

Name of G.P.

Address:

Tel no.

Any other information which might be relevant (eg phobias):

Signed (parent/guardian) Date

Please note you will be responsible for informing the school if any of the details above change during the course of your son/daughter's time at school.