



Medical Emergency / Allergy Form

Name of Child: _____ Class: _____

My child has the following allergies/medical issues:

Please list any accommodations your child might need:

Does your child require medicine/drugs or a personal medical kit? **YES / NO**

Does your child use an EPI-Pen? **YES / NO**

Does your child carry their EPI-Pen with them? **YES / NO**

Emergency Contact Information:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Emergency Permission:

I give permission for the staff at Heacham Junior to provide First Aid for my child, following the Allergy Action Plan whilst in the care of Heacham Junior School. The school will contact me immediately should my child show any symptoms of an allergic reaction or in the event of a medical emergency and if I cannot be contacted, I give permission for the school to call 999 for emergency treatment for my child whilst in the care of Heacham Junior School.

Signed: _____ Parent/Carer Date: _____

EXECUTIVE HEADTEACHER
Ms L Jackson

EXECUTIVE DEPUTY HEAD
Mrs E Hunt

ASSISTANT HEAD
Ms C Enters/Mrs E Jones

