

Medical Information Form – School journey

Name of child:	Date of Birth:
Home Contact Details	
NHS Number:	
GP Practice (and address) + GP name	
Medical Conditions – (eg. Asthma etc)	
Allergies or Intolerances	
Medicines information (does your child take regular medication such as asthma inhalers, antihistamines – or do you know that they will be taking prescription medicines during school journey?) Please give as much information as possible	
Dietary Requirements:	
Do you give permission for Yerbury Staff to administer Calpol and/or Piriton if needed YES / NO	
Is there any other information that would be useful for us to know? (eg. Sleepwalking, occasionally wets bed etc.)	