

Kings Nympton Primary School and Pre School

Allergy / Dietary Information / Asthma	
Child's name	
<u>Please insert a clear, recent photograph of your child so that all staff can easily identify him /her.</u>	
Group/class/form	
Date of birth	
Child's address	
Details of Allergy or special dietary requirement / Asthma	
Has this been confirmed by a Doctor? Please supply medical confirmation.	Yes / No
Date	
Review Date	
Family Contact Information	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	
<i>Name/relationship to child</i>	

Kings Nympton Primary School and Pre School

Phone number (work)	
Phone number (home)	
Mobile	
Clinic/hospital contact details	
Name	
Phone number	
GP Details	
Name	
Phone number	

Describe symptoms of the allergic reaction or asthma attack.
Name of medication, dose method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision. Please remember to complete a parental agreement to administer medication form.
Arrangements for school visits/trips, etc.
Other information
Describe what constitutes an emergency and the action to take if this occurs