

*57 Eglish Road, Portadown, Co. Armagh BT62 1NL*

*Telephone: 028 38 851743*

**Notification of Allergies**

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| **Child’s Name:** |  | **Date of Birth:** |  |

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| --- | --- |
| **GP’s Name and Telephone Number:** |  |
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**Emergency Contact Information:**

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| --- | --- | --- | --- | --- |
| **Contact 1** | | **Contact 2** | | |
| **Name:** |  | **Name:** |  | |
| **Relation to**  **Child:** |  | **Relation to**  **Child:** |  | |
| **Address:** |  | **Address:** |  | |
| **Home/Work Telephone Number:** |  | **Home/Work Telephone Number:** |  | |
| **Mobile Telephone Number:** |  | **Mobile Telephone Number:** |  | |
| **What is your child allergic to?**  Please outline all known allergies, the severity of the reaction and whether the allergy is triggered by ingestion, contact or inhalation | | | |
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**Is your child an EpiPen carrier? Yes  No**

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| If yes, what date does your child’s current EpiPen expire? |  |

*Please note it is the responsibility of the parent or carer to ensure that an in-date EpiPen accompanies the child to school at all times.*

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| **Does your child require any medication for their allergies?**  Please outline all prescribed medication, the dosage required and how often it should be administered, special precautions, storage requirements and any known side effects. |
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| **What constitutes an emergency for your child? What action should the school take if this occurs?** |
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| **Is there any other information about your child’s allergies that you would like the school to know?** |
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I agree that the medical information contained in this form may be shared with the individuals involved with the care and education of my child.

I understand that I must immediately notify the school, in writing, if there are any changes to the information provided on this form.

**Form completed by: Relation to child:**

**Date Completed:**

**Form checked in school by:**