



HOPS MEDICAL INFORMATION FORM

Please only complete this form if the medical condition your child has is **likely to occur during HOPS** and is **sufficiently severe that they would require medical treatment**.

i.e. you do not need to fill in this form if your child has a winter allergy, or their condition only results in needing to blow their nose frequently, or they can treat it themselves prior to attending with, for example, Piriton.

PLEASE GLUE A HEADSHOT OF YOUR CHILD HERE TO ENABLE QUICK AND EASY IDENTIFICATION IN THE EVENT OF AN EMERGENCY

PLEASE ENSURE THE PICTURE APPROXIMATELY FITS THIS SPACE AS THESE SHEETS WILL BE DISPLAYED IN THE FIRST AID ROOM FOR MEDICAL STAFF TO USE AS A REFERENCE

CHILD'S NAME:

AGE:

DATE OF BIRTH:

MEDICAL CONDITION:

GP NAME:

In the event of a medical emergency relating to this condition, please follow this plan:

Administer (name of medication):

Further details i.e. dose:

Take this additional action (if any):

Call this person:

On this number:

Observe child. If any signs of (possible symptoms):

.....

Then administer (name of medication):

Further details i.e. dose:

IF ADMINISTERING EPIPEN

- Call 112, ask for an ambulance and state "anaphylaxis" even if symptoms appear to be improving.
- While waiting for the ambulance, lie conscious patients down with feet raised unless this makes them breathless, in which case sit them up. Unconscious patients should be placed on their side in the recovery position.
- Remain with patient until ambulance arrives.