Great Ormond Street Hospital for Children NHS Trust: Family File

Emergency information

Date completed		By whom	
Revised date		By whom	
Revised date		By whom	

Child's full name	
Prefers to be called	
Address	
Telephone	
Language spoken	

In case of emergency, contact

Name	
Relationship to child	
Address	
Home telephone	
Work telephone	
Mobile telephone	
Language spoken	

Child's health care team contact details

Family doctor (GP)	
Local paediatrician	
GOSH clinician	

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Important information about child	
Main diagnosis	
Secondary diagnosis	
Allergies	

Regular medicines		
Medicine name	**Dose**	**When taken**

Other important information