

Great Ormond Street Hospital for Children NHS Trust: Family File

Emergency information for school

Date completed		By whom		
Revised date		By whom		
Revised fate		By whom		
Child's full name:				
Date of birth:				
In case of emergency, contact				
Name:				
Relationship to child:				
Address:				
Home telephone:				
Work telephone:				
Mobile telephone:				
Child's health care team contact details				
Family doctor (GP):				
Local paediatrician:				
GOSH clinician:				
Allergies				



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Actions to be taken			
If	Action required		