

Photograph
 — place here if there is more than one person's information in the bottle

Your Carer/Health visitor details

Name.....
 Organisation.....
 Address.....

 Tel. Work.....
 Tel. Home.....
 Mobile.....

Do you take medicine for: (Circle each)

Asthma Anti coagulant
 Diabetes Heart Problem
 Epilepsy
 Other?

Personal Details

Surname.....
 First Name.....
 Male/Female.....
 Hair colour.....
 NHS No.....
 Address.....

 Post Code.....

Illness

Details of any illness or drug therapy that might affect emergency treatment

Your Medication

Where do you keep your medication:
 Floor (ground/1st...).....
 Room.....
 Location.....
 Keep your repeat prescription in the Message Bottle

Allergic Reaction to Medication — give details

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Your Doctor's Details

Name of G.P.
 Practice address.....

 Telephone.....

Other Allergies

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The following Person relies on me for daily care and will require someone to care for them or collect them from school

Name.....
 Address.....

 Tel. Work.....
 Tel. Home.....
 Mobile.....

Emergency contact person 1

Name.....
 Relationship.....
 Address.....

 Tel. Work.....
 Tel. Home.....
 Mobile.....

Emergency contact person 2

Name.....
 Relationship.....
 Address.....

 Tel. Work.....
 Tel. Home.....
 Mobile.....

Do you have a Donor Card

Yes / No
 If yes, where is it kept?

Do you have any distinguishing marks?

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