

## MEDICAL EMERGENCY REPORT

Setting: \_\_\_\_\_

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### DETAILS OF INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

What happened e.g. allergic reaction (minor or severe), seizure, hypoglycaemic attack (low blood glucose level), faint or collapse:

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Details of treatment given:

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Additional information and comments:

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Ambulance sent for: YES/NO

Name of person completing form: \_\_\_\_\_

Date form completed: \_\_\_\_\_

## **FORM FOR REPORTING A MEDICAL EMERGENCY IN EARLY YEARS SETTINGS**

There are an increasing number of children in our settings who have a variety of medical conditions. The Medical Needs in Early Years service aims to provide training and support for Early Years staff on managing these conditions and any medical emergency which may result.

The form overleaf is a way for you to record any medical emergency which may occur in your setting.

The purpose of the form is to enable the Nurse Educators to ensure that you are given the appropriate training and support to manage such incidents

This Medical Emergency Report form should be completed when

1. A child has a medical emergency whilst in the setting and has been given prescribed emergency medication, for example: Epipen, glucogel, rectal diazepam or buccal midazolam.

**or**

2. A child has been sent to hospital via an ambulance

The completed form which should be sent direct to the Nurse Educators will be treated with the utmost confidence.

**This is not to replace your official accident/reporting form, it should be used in addition to your current reporting system.**

**Please send this form to:**

**Nurse Educator Team  
Medical Needs in the Early Years Service  
Children & Families Division  
Carnegie Centre  
Hunters Road  
Hockley  
B19 1DR**

Chris G Hale/Chris Rumney  
Medical Needs in Schools & Early Years Service  
Children and Families Division  
South Birmingham PCT  
March 2010  
Review March 2012