



## MEDICAL DETAIL & EMERGENCY TREATMENT PERMISSION

In order that our medical records are kept up to date please give details of any medical conditions affecting your son/daughter. Please keep the school inform of any further medical issues that arise. It is important that if any minor injury occurs or your child complain of not being well, our first aid staff have your permission to give your child the necessary medical attention. Please return this form to school as soon as possible.

Student's Surname: \_\_\_\_\_ First name(s) \_\_\_\_\_ DOB: \_\_\_\_\_

**1. Medical condition(s)**

(i.e. asthma, deafness, poor eyesight, joint problems, diabetes, epilepsy, other problems).

**2. Does your child wear glasses?** YES  NO

**3. Does your child take medication regularly for medical conditions?** YES  NO

Please give details:

**4. Does the medication need to be brought to school?** YES  NO

Any student seen with any type of medication during school will have it taken away and parents/guardians will be contacted immediately if the school has not informed of any medical reasons.

**5. Is your child allergic to:**

Paracetamol YES  NO

First aid sticking plaster for cutest YES  NO

Penicillin YES  NO

Food allergies YES  NO

If yes please give details: \_\_\_\_\_

There are times when your son/daughter may request Paracetamol for headache or stomach cramps. Staff are only allowed to issue tablet if we have your specific consent. We therefore asked you to sign this form giving us your consent. We wish to assure that any medication or first aid given by staff is noted in our records.

These are reviewed and any concerns we may have will be raised with you as soon as possible.

I/We give our consent for my/our \_\_\_\_\_ son/daughter to be given a pain relief tablet if requested

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian will be informed immediately if any major medical problem arises.

**Emergency Contact**

Name	Telephone No.	Relationship
1. _____	_____	_____
2. _____	_____	_____

**AUTHORIZATION**

I/We understand that whilst the school will make all reasonable efforts to contact me/us in case of medical emergency this is not always possible. Therefore I/we authorize the school to seek medical advice and treatment for the student I the school believe there to be an emergency and I/we also authorize the school to give the student minor medications (such as Paracetamol tablets for example) if deemed necessary by school.

\_\_\_\_\_  
Signature of Parent/Guardian  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian  
Date: \_\_\_\_\_