



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, rheumatic fever, chronic cough/TB, heart diseases, other problems).

2. Does your child wear glasses? YES NO
If so, should this be worn at all times?

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

It is school policy that ALL medication should be kept safely in the School Medical Room. Your child should visit the Medical Room and take the medication under supervision. 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 therefore ask you to sign this form giving 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 and at the discretion of the school Nurse /First Aider.

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: _____