

CLASS.....

Richard Taylor CE Primary School
2013-14

Medical information about children
Please complete fully.

Name	Date of birth
Child's Doctor	Doctor's telephone number

Details of any medical conditions not listed below that the school should be aware of, together with information regarding medication as set out below.

Does your child suffer from...	Name of medication	Method of administration	Dosage and frequency to be given
Asthma *			
Diabetes mellitus *			
Epilepsy or convulsions *			
Allergies (details) *			
Heart disease *			
Other *			

* If so, please ensure necessary medication is in school and a medicine administration form has been completed.

Has your child had any serious illness in the last two months? Y/N

If yes, please give details

Is your child recovering from an accident, injury or fractured bone? Y/N

Has your child been inoculated against tetanus Y/N

Date of last tetanus injection if known:

Does your child have any dietary needs for medical reasons? Y/N

Please give details.

Emergency Contact Details

This section is essential for emergency contact.

*Please complete information for at least **two** adults.*

1. Name	2. Name
Relationship to child	Relationship to child
Telephone numbers	Telephone numbers
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PLEASE ENSURE THIS FORM IS FILLED IN FULLY AND ACCURATELY. ANY CHANGES TO THIS INFORMATION DURING THE YEAR MUST BE NOTIFIED TO THE SCHOOL IN WRITING.

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2013-14 Annual Parental Consent for Off-Site Visits

Please read this section very carefully before signing and returning to school. Children will not be allowed on visits without returning a completed form to school

I have listed any medical condition concerning my child that might affect the duty of care expected during the school day and any off-site visits.

Any prescribed medication required during school will be brought to the school office and a medication administration form will be completed.

For an off-site visit I give my consent for a member of staff to administer the above named medication which I will deliver to the school before the visit, together with clear labels and instructions.

I undertake to inform the school as soon as possible of any changes in the medical circumstances of my child during the rest of this school year.

I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me, the school is authorised to act in loco-parentis and to give consent to such treatment.

I have received information about the programme and agree to my child taking part in all the activities therein. (these will be issued for each trip at the time)

I agree to my child taking part in school visits. I have read all the related information and agree to my child's participation in all the activities mentioned (these will be issued for each trip at the time and specific consent will be requested). I acknowledge the need for obedience and responsible behaviour on my child's part. I understand that there is some level of risk in every activity but that this trip will be managed to minimise the risks involved.

I understand that if there is a delay returning to school from an Off-Site visit, the Group Leader will advise a member of staff or parent who will endeavour to call parents/ contacts or will place a notice on the school door if the return time is out of school hours. I realise this may not always be possible.

Name (Please print)

Signature.....Date.....

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