*This form should be completed by the parent or by those who have parental responsibility or day-to-day care of the child. All information will be treated as confidential and only made available to school staff who require it for safety reasons.*

**Student Details**

|  |  |
| --- | --- |
| Legal Forename |  |
| Legal Surname |  |
| Date of Birth |  |
| NHS Number |  |
| Blood Group |  |
| Doctor’s Surgery |  |
|  |  |
| Sex |  |
| **Address** ***\*****Please include both addresses if student lives at more that one address*  |  |

**Person to be contacted in case of Emergency:**

|  |  |
| --- | --- |
| Legal Forename |  |
| Legal Surname |  |
| Preferred Surname |  |
| Preferred Forename |  |
| Date of Birth |  |
| Sex |  |
| **Address**  |  |

**Student Medical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition/Allergy** | **Yes** | **No** | **Medication and dosage (details)** |
| Heart Complaints |  |  |  |
| Epilepsy/blackouts/fainting |  |  |  |
| Diabetes |  |  |  |
| Asthma |  |  |  |
| Eczema |  |  |  |
| Hayfever |  |  |  |
| Food Allergy (e.g. Nuts) |  |  |  |
| Penicillin Allergy |  |  |  |
| Plaster Allergy |  |  |  |
| Speech difficulty |  |  |  |
| Hearing difficulty |  |  |  |
| Wears glasses |  |  |  |
| Regular treatment at hospital |  |  |  |
| Receives specialist help |  |  |  |
| Other |  |  |  |

If your child has any of the conditions above, please give details. A Doctors note may be needed for certain activities. If they have any health or physical needs/allergies not covered above, please give details:

|  |
| --- |
|  |

Are there any activities in which your child is unable to participate? If so please give details:

|  |
| --- |
|  |

Can your child independently use the toilet, if not please provide details of support they may require

|  |
| --- |
|  |

Please outline any special dietary requirements of your child e.g. Nut Allergy / Vegetarian / Diabetic

|  |
| --- |
|  |

Is there anything else you would wish us to know about your child, in respect of their participation in Full or Half day visits and extra-curricular activities off site?

|  |
| --- |
|  |

**Declaration**

I give my permission for (Please tick);

|  |  |
| --- | --- |
| My child to be given first aid by a trained member of staff during any on-site or off-site activity |  |
| My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity |  |
| A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted |  |
| Plasters to be applied to my child |  |
| My child to use anti-bacterial hand gel |  |
| My child to be assisted in applying sunscreen if necessary |  |
| Staff to administer the medicines I have listed below |  |

Signed:

Print

Date: