**MEDICAL CONSENT FORM**

**(PLEASE PRINT RESPONSES CLEARLY)**

1. **Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student** | **M** | **F** | **Date of Birth** |
|  |  |  |  |

1. **Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent 1 Name:** |  | **Parent 2 Name:** |  |
| **Email:** |  | **Email:** |  |
| **Home Phone:** |  | **Home Phone:** |  |
| **Mobile Phone:** |  | **Mobile Phone:** |  |

**Home Address:**

|  |
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|  |

**If parents not available as above, please contact below emergency contact:**

|  |
| --- |
| **Name: Relationship to child:** |
| **Home Phone: Mobile Phone:** |
| **Address:** |
| **Post Code:** |

**Name, Address and Telephone Number of Family Doctor:**

|  |
| --- |
| **Name: Telephone:** |
| **Address:** |
| **Post Code:** |

1. **Medical Information**

|  |  |
| --- | --- |
| **a** | Does your child suffer from any conditions requiring medical treatment, including medication?  **YES / NO** *(If* ***YES****, please specify)* |
| **b** | Is your child allergic to any medication? **YES / NO** *(If* ***YES,*** *please specify)* |
| **c** | Has your child received a tetanus injection in the last five years?  **YES / NO** *(If* ***YES****, please give approximate date)* |
| **d** | Please outline any special dietary requirements of your child and specify any food allergies. |
| **e** | **I undertake to inform the Teacher/Head of School as soon as possible of any changes in the medical circumstances of my child.** |

1. **Declaration**

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| --- |
| * **I agree to my child receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I authorise the supervisory teacher to sign, on my behalf, any written form of consent required if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.**   **YES NO** |

|  |  |
| --- | --- |
| **Date:** | **Name of Parent:** |
| **Signature:** |

**This form remains valid for 7 years.**