



Medical and Consent Form for

GODFREY ERMEN CE PRIMARY SCHOOL

This consent form will be used throughout your child's time at school – if any of this information changes please complete this form on the website or call into the school office.

Medical Information for my child

1. Has your child been immunised against tetanus in the last five years? YES NO

2. Is your child sensitive to penicillin? YES NO

3. Does your child suffer from fainting attacks or blackouts? YES NO

4. Does your child suffer from fits or epilepsy? YES NO

5. Does your child suffer from asthma or hay fever? YES NO

If **Yes** - Please state together with the child's medication:

_____ YES NO

Do we have permission to give your child a **school salbutamol inhaler** if your child's own inhaler is **not available** for any reason YES NO

6. Is your child allergic to any other substance e.g.: bee sting, animals, sand etc.? YES NO

If **Yes** - Please state together with child's medication:

_____ YES NO

8. Does your child suffer from ear problems? YES NO

9. Does your child suffer from any illness, and/or injury not mentioned above? YES NO

If **Yes**, please give details including any infectious/contagious illnesses in the last three months and details of other recent illness/ injuries or physical disabilities:

10. Is your child on any sort of medical treatment at the present time, is the treatment self-administered? If yes please give details: YES NO

Name of medicine _____

How often taken _____

If your child requires temporary self-administrative medicine - Please see the School Office.

11. Please indicate any special dietary requirement due to medical, religious or moral reasons.

YES NONE

School will require a medical note from your doctor confirming your child has a food allergies or intolerances.

Please Note - A convenient appointment will be made with parent and School Cook to discuss your child's dietary requirements further.

12. Is there any other information which school should be aware of?

e.g. suffers from vertigo, claustrophobia or is frightened of the dark etc.

YES NO

13. Does your child suffer from travel sickness?

YES NO

14. Does your child need to wear glasses/contact lenses in school?

YES NO

General Consent Information

15. Are there any activities in which your child may not participate?

YES NO

If Yes - Please give reasons. _____

16. Junior pupils - can your child swim?

YES NO

17. Do we have permission to put a plaster on your child?

YES NO

18. Are we able to put sun cream on your child?

YES NO

19. Is your child allowed to take part in food tasting activities?

YES NO

If Yes – Does your child have any food allergies?

Please Specify: - _____

20. Do we have permission to take photographs/videos of your child to use in school? YES NO

21. Are we able to use photographs of your child in the School Brochure, School Website, on our Facebook page, Church Magazine, Noticeboard and The Advertiser?

(In line with our School Policy, any images of children used out of school will not include their name)

YES NO

22. Do we have permission to show a PG video to your child?

YES NO

23. Is your child allowed to go on the fixed play equipment i.e. the Jungle Gym, Pirate Ship?

Or climbing frame in Foundation Unit?

YES NO

24. Do we have permission to put face paint on your child?

YES NO

Signed (Parent): _____ Date _____

THANK YOU FOR COMPLETING THIS FORM