



Medical and Consent Form for
GODFREY ERMEN CE PRIMARY SCHOOL
 If any of this information changes please call into the school office
 to update it.



Medical Information for my child

- 1. Does your child suffer from fainting attacks or blackouts? YES NO
 - 2. Does your child suffer from fits or epilepsy? YES NO
 - 3. Does your child suffer from asthma? YES NO
- If **Yes** does your child need an inhaler in school? 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
- 4. Is your child allergic to any other substances e.g.: bee sting, animals, sand, pollen (hay fever), nuts etc.? YES NO

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

- 5. Does your child suffer from ear problems? YES NO
- 6. 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 six months** and details of other recent illness/ injuries or physical disabilities:

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

- 7. Please indicate any special dietary requirement due to medical, religious or moral reasons. YES NONE
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School will require a medical note from your doctor confirming your child has 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.

8. 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

If Yes - Please specify _____

9. Does your child suffer from travel sickness? YES NO

10. Does your child need to wear glasses/contact lenses in school? YES NO

General Consent Information

11. Are there any activities in which your child may not participate? YES NO

If Yes - Please give reasons. _____

12. Do we have permission to put a plaster on your child? YES NO

13. Are we able to put sun cream on your child? YES NO

14. Is your child allowed to take part in food tasting activities? YES NO

If Yes – Does your child have any food allergies?

Please Specify: - _____

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

16. Are we able to use photographs of your child, for example, in the School Brochure, on the School Website, on our Facebook page, Twitter, 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

17. Do we have permission to show a PG video to your child? YES NO

18. Is your child allowed to go on the fixed play equipment i.e. the Jungle Gym, Pirate Ship, Trim Trail or climbing frame in Foundation Unit? YES NO

19. Do we have permission to put face paint on your child? YES NO

I understand any changes to my child's health information will need to be updated in person at the school office.

Signed (Parent): _____ Date _____

THANK YOU FOR COMPLETING THIS FORM