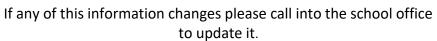


Medical and Consent Form for

GODFREY ERMEN CE PRIMARY SCHOOL





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	\square NO
3.	Does your child suffer from asthma?	□YES	□NO
If `	es does your child need an inhaler in school?	□YES	□NO
	we have permission to give your child a school salbutamol inhaler if your ild'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 '	'es - 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
	/es , please give details including any infectious/contagious illnesses in the la ner recent illness/ injuries or physical disabilities:	st six month	s and details of
_			
ıf.	your child requires temporary self-administrative medicine - Please s	ee the Scho	ol Office.
7.	Please indicate any special dietary requirement due to medical, religious or i	moral reasor	ns.
			YES □NONE

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? If Yes – Does your child have any food allergies?	□YES	□NO			
Please Specify: -					
15. Do we have permission to take photographs/videos of your child to use in school?	□YES				
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) \[\to YES \text{NO} \]					
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 5 Trim Trail or climbing frame in Foundation Unit?	Ship, □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 school office.	person a	t the			
Signed (Parent): Date					