

**DANES HILL SCHOOL**  
**NEW PUPIL CONFIDENTIAL MEDICAL YEARS 2—8**  
**PLEASE RETURN SIGNED MEDICAL CONSENT FORM BY RETURN**



SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF ENTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

TELEPHONE NUMBERS: HOME: \_\_\_\_\_ OTHER: \_\_\_\_\_

MOBILE (MOTHER): \_\_\_\_\_ (FATHER): \_\_\_\_\_

**NAME, ADDRESS & TELEPHONE NUMBER OF GENERAL PRACTITIONER**

NAME: \_\_\_\_\_ TEL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**NAME, ADDRESS & TELEPHONE NUMBER OF RELATIVE, FRIEND OR NEIGHBOUR IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ TEL NO: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TETANUS: MOST RECENT IMMUNISATION DATE:**

PLEASE GIVE DETAILS OF MEDICAL HISTORY

ANY CURRENT MEDICAL CONDITIONS? - including medication prescribed

HAS YOUR CHILD BEEN DIAGNOSED WITH ASTHMA? Please include details of treatment/medication prescribed.

DOES YOUR CHILD HAVE ANY ALLERGIES? Please include details of treatment/medication prescribed.

DIETARY REQUIREMENTS?

ARE THERE ANY OTHER HEALTH (PHYSICAL OR MENTAL) CONCERNS, DISABILITIES OR FAMILY ISSUES THAT YOUR CHILD MAY NEED SUPPORT WITH?

**IF YOUR CHILD HAS ANY ALLERGIES OR DIETARY REQUIREMENTS, PLEASE ENSURE THAT YOU FILL IN THE ENCLOSED HOLROYD HOWE FOOD ALLERGY AND INTOLERANCE NOTIFICATION FORM.**

## **CONSENT TO GENERAL TREATMENT, MEDICATION AND FIRST AID**

I give consent for my son/daughter to receive any necessary health care and first aid services provided at the School under the supervision of the qualified School Nurse. He/she may be given first aid treatment by any qualified member of staff. Where appropriate he/she may be given non-prescribed medicines (homely remedies) to treat minor illness or injury. I automatically consent to the administration of over the counter preparations (the Medication and Product List and Homely Remedy Policies are available on our website). If you do not wish to give this consent, please state this separately in writing. I understand that essential medical information will be shared with school staff to ensure my son/daughter's safety e.g. Asthma, Diabetes, Allergies. I understand that it is my responsibility to write to the School Nurse informing her of any new medical conditions/health needs. Unless notification is received, the School is entitled to consider that the information in this Confidential Medical Form is correct.

Any medication brought from home whether it be prescribed, over the counter or herbal, must be registered and stored in the Medical Centre. It must be accompanied by a pupil medication request form. The medicine must be in the original packaging stating generic drug name, dose and the pupil's name. An English translation must be provided in the case of foreign medicines.

Signature of Parent/Guardian:.....

Name of Parent/Guardian (please use capital letters):.....

Date:.....

All information received on this form will be treated in confidence.

For more information about how the School may use your and your child's information contained in this form, please see our pupil privacy notice and our parent privacy notice which are enclosed and also available on the school website.