

**DANES HILL SCHOOL
BEVENDEAN CONFIDENTIAL MEDICAL FORM
PLEASE RETURN SIGNED MEDICAL CONSENT FORM BY RETURN**



SURNAME: _____ **FIRST NAMES:** _____

DATE OF BIRTH: _____ **DATE OF ENTRY:** _____

ADDRESS: _____

_____ **POST CODE:** _____

TELEPHONE NUMBERS: MOBILE (MOTHER): _____ **HOME** _____

WORK (MOTHER): _____

EMAIL (MOTHER): _____

MOBILE (FATHER): _____

WORK (FATHER): _____

EMAIL (FATHER): _____

GENERAL PRACTITIONER: _____

ADDRESS & TELEPHONE: _____

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

NAME:

TEL NO:

ADDRESS:

RELATIONSHIP/FRIEND

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

NAME:

TEL NO:

ADDRESS:

RELATIONSHIP/FRIEND

CONSENT TO GENERAL TREATMENT AND TO 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 First Aider. He/she may be given first aid treatment by any qualified member of staff. I understand that essential medical information will be shared with school staff to ensure my son/daughter's safety eg Asthma, Diabetes, Allergies. I understand that it is my responsibility to write to the Form Teacher 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.

Signature of parent/guardian:.....**Date:**.....

Name of parent/guardian (please print clearly):.....

Please refer to the School's Terms and Conditions, Care and Discipline sections 7 (a) and 8.

IMMUNISATION RECORD (most recent dates, please)

Tetanus		
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CONDITION (please indicate YES or NO)

	YES	NO		YES	NO
Asthma			Glasses		
Hearing Aid			Chicken Pox		
Other			Other		
Other			Other		

FOOD ALLERGIES (please give details, including medication prescribed, if applicable)

ALLERGIES OR DRUG SENSITIVITY (please give details, including medication prescribed, if applicable)

REGULAR MEDICATION (please give details, if applicable)

DIETARY REQUIREMENTS (please give details, if applicable)

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

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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.

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.