



FOREST OAK SCHOOL
MEDICAL CONSENT FORM



This form will cover any day visit (including sporting visits) away from school during the academic year of 2024/2025. If any details change, please let school know as soon as possible.

Please complete form in BLOCK CAPITALS.

Pupil's name _____ Class: _____

Date of Birth _____

Name of Parent / Carer _____

Address _____

Telephone number _____

Name and telephone number of 2 emergency contacts

_____	_____
_____	_____
_____	_____

NHS number _____

Family Doctor _____

Address and telephone number of Doctor _____

Has your child got any special dietary requirements? **Yes / No* If yes please give details

Is your child's tetanus injection still valid? **Yes / No*

Has your child had a polio immunisation? **Yes / No*

Has your child got any allergies? **Yes / No* If yes please give details

Does your child have any medical conditions which may affect his/her ability to take part in activities e.g. epilepsy, asthma, heart condition etc? **Yes / No*

If yes please give details of condition, any signs to look out for and any appropriate action that would need to be taken: _____

Does your child require medication? **Yes/No*

If yes, please give details of medication: Name of medication _____

Dosage _____

Times to be taken _____

Please Turn Over

If your child uses an inhaler, please state inhalers used: _____

(NB When on a visit, inhalers should be carried by the pupils at all times, but we also ask for a spare inhaler to be kept in school for the member of staff responsible to take on visit.)

If your child is on medication that needs to be taken during a school visit it needs to be given to the group leader for administration and a medication form completed. All medication should be in original containers, clearly named and must include precise instructions for administration.

Has your child suffered any infectious diseases/illnesses in the last 3 months **Yes / No*

If yes, please give details: _____

Does your child suffer from travel sickness **Yes / No*

If yes, please ensure your child has taken any travel sickness medication etc. on the morning of the outward journey and send enough for the homebound journey with your child for residential trips.

If you require more room to give details of medical conditions or medication required please continue under ‘Other Information’.

Should we be unable to contact you and your child needs hospital treatment, do you consent to staff taking your child for treatment to doctors or hospital? **Yes / No*

Please detail any further information that you feel our staff should be made aware of. Particular consideration should be given to any religious or cultural rules and customs that may affect:

- The medical treatment your child should receive (e.g. blood transfusions)
- Your child’s ability to participate in any particular activity (e.g. not wearing protective headgear)

If your child has a letter from your doctor that would be helpful for us to see, please include a copy with this form.

I **have/have not* enclosed a letter from our doctor.

I consent to my child being given emergency health treatment including general anaesthetic and blood transfusion unless otherwise indicated above.

Signed: _____ (Parent/Carer) Date: _____

PRINT NAME: _____

Pupil’s name: _____ (please print)

Other Information:

Fair Processing Notice

What we need and why we need it:

We collect, use and store personal information about our pupils and their parents/carers; this information helps us to:

- support our pupils' teaching and learning;
- follow and report on our pupils' progress;
- provide the right care and support for our pupils;
- understand how well our school is doing as a whole; and
- fulfil our duties under relevant legislation and regulations.

We may occasionally ask you for consent to use your information; however, we will make this clear where consent is our lawful basis.

Our full Fair Processing Notice can be viewed on our website:

<https://forestoakspecial.secure-primarysite.net/fair-processing-notice/>