



Barrow Hills

SCHOOL

Medical Information and Consent Form

The School requires you to complete all sections of this form as fully as possible. The information provided by you in this form will help us to care for your child while s/he is a pupil at the School.

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 Schedule 1 Privacy notice for parents attached to the School's *Terms and Conditions* and the Pupil Privacy Notice for Parents which are published on the School website: www.barrowhills.org/Enquiries-and-Entrance-Procedures

1. DETAILS OF YOUR CHILD	
Surname:	
First Name:	
Name of parent/legal guardian (1):	
Name of parent/legal guardian (2):	

Please disclose:

- any medical condition, health problem or allergy affecting your child
- any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty.

This will enable the School to consider any adjustments that it may need to make to assist your child to partake in the School's admissions procedure or when s/he enters the School.

Please provide us with as much detail as possible. Where possible, please provide any relevant documentation such as medical reports, assessments etc.



2. MEDICAL INFORMATION

Present Doctor:	Surgery:	
	Name:	
	Phone No:	

Does your child suffer from any severe allergy or illness, such as asthma etc? If so, please give details:

Details of current medication:

Please give details of any family medical history of importance and any remarks on your child's general health which you feel we should know:

If your child falls ill, can we administer?	Yes	No
Liquid paracetamol	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>
Anti-histamine	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from Travel Sickness?	<input type="checkbox"/>	<input type="checkbox"/>

Any other information?

Please provide details below of any condition which may prevent your child from taking a full part in the school's academic and games or sports curriculum, and or outdoor activities.

3. FOOD ALLERGY AND INTOLERANCE INFORMATION

Does your child have any allergies or intolerances?

YES / NO

If yes please tick the relevant box or boxes below:

Peanuts	<input type="checkbox"/>	Milk	<input type="checkbox"/>	Crustacean	<input type="checkbox"/>	Soybeans	<input type="checkbox"/>	Fish	<input type="checkbox"/>
Nuts	<input type="checkbox"/>	Sesame Seeds	<input type="checkbox"/>	Celery	<input type="checkbox"/>	Mustard	<input type="checkbox"/>	Lupin	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	Molluscs	<input type="checkbox"/>	Gluten	<input type="checkbox"/>	Sulphites	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

If you have ticked any of the above boxes please provide further details of the nature of the allergy/intolerance:

Does your child have an EpiPen in school?

YES / NO

Has this allergy/intolerance been medically diagnosed?

YES / NO

Is it your wish that your child avoids certain food groups?

YES / NO

If yes, please provide further information, including whether it is for a certain length of time (e.g. 6 weeks, a term, permanently).

Please provide details of non-permitted foods due to religious faiths and beliefs:

Any other information?

I/We have provided full and complete information about my/our child in this Medical Information and Consent Form.

I/We agree to inform the School in the event that my/our child's health, needs or medication change.

	First Parent/Legal Guardian	Second Parent/Legal Guardian
Signature:		
Name in Full (please include all names):		
Relationship to the child:		
Date:		

Medical Consent

I/We agree to members of staff at Barrow Hills School administering first aid, medicines/providing treatment to my/our child as required. I/We will update information about my/our child's medical needs held by the school whenever appropriate. I/We will further ensure that any medicine held by the school for my/our child has not exceeded its expiry date.

I/We accept that any decision to administer medication/provide treatment is at the discretion of the member of staff and any such action cannot be deemed to be negligent.

Whilst on a trip or visit I/We appreciate that while the staff and helpers will take all reasonable care of my/our child, they cannot be held responsible for any loss, damage or injury suffered during the trip. I/We will ensure that my/our child understands that it is important for his/her safety and for the safety of the group that any rules and instructions given by the staff need to be obeyed.

In the event of an illness or an accident requiring hospital treatment, I/We authorise the party leader to sign on my/our behalf any written form of consent required by the hospital authorities if the delay required to obtain my/our signature is considered inadvisable by the surgeon concerned.

	First Parent/Legal Guardian	Second Parent/Legal Guardian
Signature:		
Name in Full (please include all names):		
Relationship to the child:		
Date:		

If you do not wish to give authorisation, please tick this box

NOTE: Where possible, the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.