



MEDICAL INFORMATION AND PERMISSION FORM

Child's Name _____ Date of Birth _____

LOCAL VISITS PERMISSION

I give permission for my child to participate in and leave school premises for local visits in Haddenham. I understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me (eg school trips).

Parent / Guardian Signature

Child Signature

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HOME SCHOOL AGREEMENT

I have read, understand and agree to the Home School Agreement. I have discussed the agreement with my child.

Parent / Guardian Signature

Child Signature

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EMERGENCY MEDICATION

I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment (including anaesthetic or blood transfusion) as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I undertake to inform the Headteacher and/or group leader as soon as possible of any change in the medical circumstances of my child, after the date below.

MEDICAL CONDITIONS / ALLERGY INFORMATION

Please advise us of any allergies and/or health problems your child may have, including regular medication (eg inhalers etc). If your child has none of the above please do still return the form stating so.

Parent / Guardian Signature

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