



Pupil Medical Information

PLEASE COMPLETE IN BLOCK CAPITALS

To ensure the school holds up to date records you will be required to complete this form annually. However, please inform school immediately of any new medical condition that your child develops.

Name of School	Hemingbrough CP School
Forename	
Surname	
Class / Year Group	
Medical Condition(s)	
Regular Medication*	
Frequency of use of medication	
Visual needs / glasses	
Hearing Problems	
Any known allergies (e.g. penicillin, food, nuts, insect bites, plasters etc.)	
Latest Tetanus injection	
Travel Sickness	
Sensitivity to the sun / strong light	
Signed (parent / carer)	
Date	

*Please note children who suffer from Asthma should bring their inhaler into school every day. We are able to administer prescribed medication only - please contact the school office for further details.

NORTH YORKSHIRE COUNTY COUNCIL EDUCATION SERVICE
Parental Consent For A Rolling Programme Or Series Of Local Visits

Pupil Details:		
School: Hemingbrough CP School		Academic Year:
Name of Pupil: _____		Date of Birth: _____
I understand that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give my consent for my child to participate in such visits. I also 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.		
I undertake to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances after the date shown below.		
Signed: _____		Name: _____ (Parent/Carer)
Date: _____		
Signed: _____		Name: _____ (Parent/Carer)
Date: _____		
2. Emergency Contact Numbers - I may be contacted by telephoning the following numbers:		
Work: _____	Home: _____	Mobile: _____
Home Address: _____		
If I am not available please contact:		
Name: _____		
Work: _____	Home: _____	Mobile: _____
Home Address: _____		
3. Medical Information, declarations and consent		
a) Does your son/daughter suffer from any conditions which the Group Leader of the visit should be aware of:		
		YES/NO
b) If yes, please give details of anything the Group Leader needs to know about to safely care for your child (eg illness, travel sickness, allergies, night time tendencies such as sleepwalking, nightmares, bed-wetting etc in writing on the attached medical form).		
c) Name, address and telephone number of family doctor:		
d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious If YES, please give brief details:		YES/NO
e) Please outline any special dietary requirements of your child:		
I undertake to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.		
Signed: _____	Name: _____	Signed: _____
(parent / carer)		(parent / carer)
Date: _____		Date: _____
1 copy to be held by School and Out of Hours Contact. 1 copy to be taken by Leader on visit.		