



# Pupil Medical Information

PLEASE COMPLETE IN BLOCK CAPITALS

Session 2021/2022

Name of School	Hemingbrough CP School		
Child's Forename			
Child's Surname			
Class / Year Group			
Date of Birth			
Child's Main Home Address			
Medical Condition(s) & Regular Medication <small>(Inhalers must be sent with children or kept in school. Only prescribed medication can be given by staff following signed authorisation from parent / carer)</small>			
Any known allergies (e.g. penicillin, food, nuts, insect bites, plasters etc.)			
<input type="checkbox"/> Visual needs / glasses	<input type="checkbox"/> Travel Sickness		
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Sensitivity to Sun		
Further details (if necessary):			
Emergency Contact 1	Name:		
	Mobile:		
	Work / Home:		
Emergency Contact 2	Name:		
	Mobile:		
	Work / Home:		
Signed (parent / carer):	Date:		

**Educational visits during the school day which are part of the normal curriculum.**

Schools are not required to obtain consent from parents for pupils to participate in off-site activities that take place during school hours and which are a normal part of a child's education, such as local studies and visits to a museum or library, swimming lessons etc. While parents do not have the option to withdraw their child from the school curriculum, it remains good practice to inform parents that a visit or activity is to take place

This school will inform you of any proposed educational visit of this sort by Parentmail

**Educational visits beyond the school day or which are not a part of the normal curriculum**

Educational visits beyond the school day or which are not part of the normal curriculum require consent. This consent for educational visits is given on enrolment for those visits which are not further afield, residential or include adventurous activities.

This school will inform you of any proposed educational visit of this sort by Parentmail

For visits which are further afield, residential or include adventurous activities the school will request individual consent and where appropriate further medical information.

**Educational visits during the school day which are part of the normal curriculum.**

<ul style="list-style-type: none"> <li>I understand that I am not required to give consent for local educational visits during the school day which are part of the normal curriculum, but that I will be fully informed by the means described above.</li> </ul>	Yes/No
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**Educational visits beyond the school day or which are not a part of the normal curriculum**

<ul style="list-style-type: none"> <li>I give consent for my child to take part in local educational visits beyond the school day or which are not part of the normal curriculum. I understand that I will be fully informed by the means described above. Further afield, residential or adventurous visits will require separate consent.</li> </ul>	Yes/No
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**Medical information and contact details**

<ul style="list-style-type: none"> <li>I understand that it is my responsibility to provide timely updated medical and contact details to the school.</li> </ul>	Yes/No
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**Medication**

<ul style="list-style-type: none"> <li>I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have given separate written consent and that I will be informed.</li> </ul>	Yes/No
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**Further information**

<ul style="list-style-type: none"> <li>I understand that I can request further information about administering medication, behaviour, charging and remissions, safeguarding and other relevant policies from the school or service.</li> </ul>	Yes/No
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**Consent**

<b>Name of person giving consent and relationship</b>		<b>Name of child</b>	
<b>Signature</b>		<b>Date</b>	