



## Medical

<b>Child's Doctor &amp; Address:</b>	<b>Doctor's Telephone:</b>
	<b>NHS Number:</b>
<b>If your child is an asthma sufferer, please ensure that they have an inhaler in school which will be kept in the medical room.</b>	
<b>Vaccinations:</b> (please tick below)	<b>Dietary Needs:</b> (Please include Vegetarian/Halal or any food allergies)
<b>Tetanus</b>	
<b>Whooping Cough</b>	
<b>MMR</b>	
<b>Medical Information – Condition/History:</b> (Please include asthma/ eczema/ or regular medication)	<b>Medical Allergies:</b>

## Parental Consent

<b>Please indicate below if you give permission for your child:</b>	<b>YES</b>	<b>NO</b>
to participate in local, off-site school trips/activities		
to receive first aid or urgent medical treatment during any off-site school trips/activities		
to visit places of worship		
<b>Please indicate below if you give permission for the school:</b>	<b>YES</b>	<b>NO</b>
to use your child's photograph e.g. on school premises, school publications, school website		
Other external publications such as newspapers, television etc.		

<b>Names of Adults Allowed to Collect your Child</b>	<b>Relationship to Child (eg. Aunt/Childminder)</b>
<b>To be completed by parents of Year 5 and 6 children</b>	
My child arrives and leaves school <u>ALONE</u> on the following days: Monday   Tuesday   Wednesday   Thursday   Friday	My child arrives and leaves school with an <u>ADULT</u>

**It is important to fill in all details as requested in this form.  
Please let the school know IMMEDIATELY of any changes to the above information.**

Parent Signature:----- Date:-----

Under the General Data Protection Regulation (GDPR) we are collecting this data so that the school, as a public authority, can carry out its official functions. This data will be shared in accordance with our Privacy Notice which can be found on our website.