

Parental Consent Form

Child full name

Date of
birth

Class

I agree to _____(name) taking part in regular weekly trips to local libraries, parks and Museums (i.e. Hampstead Heath, Waterlow Park, St Paul's Shrubbery, Science Museum etc.)

I acknowledge the need for _____(name) to behave responsibly

Does your son/daughter have any special dietary requirements Yes No

If yes, please give details

Any conditions requiring medical treatment, including medication? Yes No

If yes, please give brief details

Is your son/daughter allergic to any medication? Yes No

If yes, please give brief details

When did your son/daughter last have a tetanus injection?

Is your son/daughter allergic to plasters? Yes No

Is your son/daughter allergic to Micropore? Yes No

Do you give permission for your son/daughter to have a plaster or micropore applied to minimise distress and risk of infection, as deemed necessary? Yes No

I agree to my son/daughter receiving first aid as considered appropriate by the person on duty: Yes No

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present Yes No

Do you give permission for your child to be washed down should he/she have a soiling or wetting accident? Yes No (If no permission given, immediate collection will be required)

I authorise the School staff to apply sun cream or other protective products that I provide for my child during School hours Yes No

Parental and Emergency Contacts - Please ensure at least TWO contacts are listed

Mother/guardian full name

Mother/guardian address (including postcode)

Home telephone number Work telephone number Mobile

Mother's email address

Father/guardian full name

Father/guardian address (including postcode)

Home telephone number Work telephone number Mobile

Father's email address

Child doctor's name, address and telephone number

EMERGENCY CONTACT:

Full name, relationship to the child and phone number(s). This needs to be someone other than the parents and a London resident please (a fellow parent or relative).

I will inform the School as soon as possible of any changes in medical or other circumstances detailed on this form

Parent/carer signature Full name (in capitals) Date