

Please complete this form as Gayhurst School requires medical information for the safe care/treatment of your child whilst at school
This form must be re-submitted at the beginning of every academic school year AND if your child's information changes.

Basic information

First name: Surname: Date of birth: DD / MM / YY Year Group:

Does your child wear glasses? Yes / No Is your child left or right handed? Left / Right NHS Number:

Does your child have dental conditions that the school should be aware of (caps etc.)?

Does your child have an eye condition that the school should be aware of?

Does your child have any hearing difficulties that the school should be aware of?

Does your child suffer from travel sickness? Yes / No

If so, do they take any medication and what is it?

Immunisations

Diphtheria, tetanus, whooping cough, polio: Yes / No Date: DD / MM / YY

Pneumococcal infection: Yes / No Date: DD / MM / YY

Haemophilus influenza type B (Hib): Yes / No Date: DD / MM / YY

Measles, Mumps, Rubella: Yes / No Date: DD / MM / YY

Meningitis C: Yes / No Date: DD / MM / YY

Any other immunisations given (including those for travel): Date: DD / MM / YY

Name of Doctor: Address of surgery:

Post Code: Telephone number of surgery:

Other details...

Dietary Requirements:

Allergies (including food):

Medication required?

Medical conditions?:

Medication required?

Does your child have an inhaler? Yes / No Does your child have an auto-injector (eg Epi-pen)? Yes / No

Consent to Medical Treatment

*I/We give/do not give consent for *my/our child receiving all general health care and first aid services provided at the school under the supervision of qualified First Aiders. Please note in Years 3 to 6 we will only give non-prescribed medication (eg. painkillers) when verbal permission has been given by a Parent/Guardian.

*I/We authorise/do not authorise the Head or an authorised deputy acting on the Head's behalf to consent, on the advice of an appropriately qualified medical specialist, to *my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedure if the school is unable to contact *me/us in time.

***delete as appropriate**

Parent/Guardian 1 signature:.....

Name in full:.....

.....

Relationship to child:.....

Date:..... DD / MM / YY

Parent/Guardian 2 signature:.....

Name in full:.....

.....

Relationship to child:.....

Date:..... DD / MM / YY

Contact Details

Parent/Guardian 1

Mobile number:.....

Work number:.....

Home number:.....

Email:.....

Other named emergency contact

Mobile number:.....

Work number:.....

Home number:.....

Email:.....

Parent/Guardian 2

Mobile number:.....

Work number:.....

Home number:.....

Email:.....

ALL DETAILS WILL BE TREATED IN THE STRICTEST CONFIDENCE

GAYHURST SCHOOL TRUST

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