



11th September 2019

Dear Parents

Annual Medical Consent Form

All children participating in trips and sports tournaments off site, are required to have an up-to-date medical form completed by their parent/guardian at the beginning of the new school year. Once completed and handed in, the form remains in a locked cabinet in the school office until such time that it is needed for a visit. After a visit, it will be returned to the cabinet for future use. At the beginning of the next school year the form will be shredded and replaced with a new updated form.

I would therefore be grateful if you could complete the attached form and return to us in the school office by Friday 27th September. Please be reminded that you should inform the school if you have any updates that happen during the year, such as new phone numbers, emergency contacts, change of address or your child has a change in their health/medical details. Forms can be sent back via email to me (address below) – alternatively, print off and bring in or collect a paper copy from the office.

Parents of new reception children should have handed these forms in already, but if you haven't, please use the form attached.

Thank you for your co-operation and we look forward to receiving your form as soon as possible.

Yours sincerely

Nicola Kershaw

Nicola Kershaw
Admin Assistant
St Joseph's Catholic Primary School
Holloway Hill, Malmesbury SN16 9BB
assistant@st-josephs-malmesbury.wilts.sch.uk
01666 822331



**ST JOSEPH'S CATHOLIC PRIMARY SCHOOL, MALMESBURY
ANNUAL MEDICAL CONSENT FORM**

THIS MEDICAL FORM WILL BE TAKEN OFF-SITE FOR THE PURPOSE OF THE SPECIFIED TRIP/SPORTS TOURNAMENT AND WILL BE THE RESPONSIBILITY OF THE CLASS TEACHER FOR THE DURATION OF THE TRIP. IT WILL SUBSEQUENTLY BE LOCKED AWAY IN THE SCHOOL OFFICE.

NAME OF CHILD:

CLASS:

PARENT/GUARDIAN DETAILS:

NAME OF PARENT/GUARDIAN:

HOME ADDRESS AND POSTCODE:

HOME TELEPHONE NUMBER:

MOBILE TELEPHONE NUMBER:

NAME OF EMERGENCY CONTACT:

**EMERGENCY CONTACT TELEPHONE
NUMBER:**

**ALTERNATIVE EMERGENCY CONTACT
& TELEPHONE NUMBER:**

Please Turn Over

DOCTOR'S CONTACT DETAILS:	
NAME OF CHILD'S DOCTOR:	
NAME OF SURGERY & TOWN:	
TELEPHONE NUMBER OF DOCTOR:	
MEDICAL INFORMATION:	
FOOD ALLERGIES OR OTHER SPECIAL DIETARY REQUIREMENTS:	
MEDICINAL ALLERGIES, MEDICAL REQUIREMENTS OR OTHER SPECIAL NEEDS (PLEASE PROVIDE FULL DETAILS OF DOSAGE AND WHO IS TO ADMINISTER ANY MEDICATION THAT MAY BE REQUIRED:	
HAS YOUR CHILD RECEIVED A TETANUS IN THE LAST 5 YEARS?	
GENERAL:	
I REQUEST THAT MY SON/DAUGHTER/WARD IS EXCLUDED FROM THE FOLLOWING:	
ANY OTHER DETAILS YOU MAY WISH TO MAKE THE ORGANISERS AWARE OF:	
DECLARATION BY PARENT/GUARDIAN:	
<p><u>In signing this document:</u></p> <p># I have read and fully understand the information relating to the proposed activity/trip.</p> <p># I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged. I understand the extent and limitation of the insurance cover provided.</p> <p># I consider my son/daughter/ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date.</p> <p># I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.</p> <p># It is advisable that your son/daughter/ward does not bring any expensive electrical items. If they do, they are solely responsible for them.</p> <p># In Year 6 if a mobile phone is brought to school, the child should obtain permission from the class teacher and it must be switched off at all times during the school day.</p> <p># Under GDPR guidelines, I understand that I can withdraw my consent at any time.</p> <p># I UNDERSTAND THAT I WILL INFORM THE SCHOOL OFFICE IF ANY OF THE DETAILS ON THIS FORM CHANGE DURING THE ACADEMIC YEAR.</p>	
NAME:	
SIGNATURE:	
DATE:	

**PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL OFFICE ASAP.
FAILURE TO DO SO WILL RESULT IN YOUR CHILD BEING EXCLUDED FROM TRIPS.**