

ST. CATHERINE'S SENIOR SCHOOL

ANNUAL MEDICAL PARENTAL CONSENT FORM 2014-15

This annual medical consent form will apply for the entire academic year and will replace the need for medical information for each individual visit to be given for each individual visit/activity. However, the school will of course continue to communicate any proposed visits or activities to parents via the corresponding letters and payment information that accompany such events.

The information collected on this form will only be used for the purpose of school administration for visits, journeys and events which take place. The data will not be disclosed to any external sources, thereby adhering to the Data Protection Act.

Full Name of Pupil:

Date of birth Tutor Group House: Day/Boarding (Please delete)

Parent /Guardian Contact Details

Home address:

.....

Home tel. no: Daytime tel. no: Mobile telephone number:.....

Email address:

Alternate emergency contact name and tel. no:

Name, and address of family doctor:

.....

Doctor's Surgery or other Tel. No.

MEDICAL AUTHORISATION, PERSONAL DETAILS AND DIET

I hereby authorise the member(s) of staff leading the named visit or activity to act on my behalf in an emergency, and to sign on my behalf any consent forms deemed appropriate for dental, medical or surgical treatment, including anaesthetic or blood transfusions as considered necessary by the medical authorities present. (Please note that the School would make every reasonable attempt to contact parents/guardians first of all, wherever possible, and in the case of boarders, the Head of Boarding will also be contacted.)

I also give my permission for the teaching and boarding staff in charge to administer over-the-counter medicines such as paracetamol, piriton, travel sickness **tablets** and diocalm or equivalent if necessary.

Please **tick** the appropriate boxes below and **give details** if your daughter:

has any ongoing medical conditions of which we should be aware;

Please give details:

Cont'd overleaf

is receiving any medical treatment from a doctor or hospital at present;
Please give details, including names of medication and current daily doses:

is allergic to anything, including medication;
Please give details:

has ever had asthma / bronchitis; carries an inhaler;
 has ever had an anaphylactic reaction; carries an EpiPen/Jext pen;

has been given specific medical advice to follow in emergencies;
Please give details:

my daughter has/has not received the 2 recommended doses of the Measles, Mumps and Rubella vaccination on (1) and (2) (please insert the date of the vaccinations).

has been immunised against diphtheria, tetanus and polio in the last ten years; give most recent date.....

dates of any other recent vaccinations

has any special dietary requirements or problems;
Please give details:

is diabetic; is epileptic; wears glasses/contact lenses; (please delete as appropriate)

Date of most recent eye test (if applicable):

Date of most recent hearing test (if applicable):

I confirm that my daughter is fit to participate in all school activities and that I will inform the school should any of the above information change, and/or if my daughter requires any prescribed medication during a school trip / activity taking place during this school year.

Parent/Guardian: (name in block capitals)

Signed:

Date: