# STUDENT MEDICAL INFORMATION FORM 2017/18

**Parental Permission:** I give my permission for my child named above to be given First Aid treatment which may include the following medication: paracetamol, anti-inflammatory pain killers, elastoplast, plaster bandage, milk of magnesia, medicated throat lozenges, antihistamine, antisun or antiseptic ointments. **Please cross out any medication which you do not want your child to receive, or list the medication below.** I understand that in giving my consent I am taking full responsibility for any allergic effects.

My child **should not** be given the following medication:

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergencies:**

I/We give permission for any necessary treatment to be given or investigations to be made using X-rays if my/our child requires admission to the Accident and Emergency department at hospital. (Parents are normally expected to accompany the pupil to hospital).

Please list any allergies or medical problems if not already stated, of which hospital staff need to be aware:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any **special dietary** requirementsthat we should be aware of below:

Please list any **medication or drugs** (e.g. paracetamol) which your child will have with him/her:

If there are any **medical concerns** that we should be aware of please list them below:

**DOCTOR’S NAME:**

## DOCTOR’S ADDRESS:

**PARENT/CARER NAMES:**

**CONTACT ADDRESS whilst away:**

**TELEPHONE NUMBER whilst away:**

**NAME: DATE OF BIRTH:**