Permission Form

Name of child:	Date of birth:

I/We hereby give Hopelands Preparatory School consent:

1. for approved teachers and support staff to apply sunscreen when this is considered necessary. I/We will also provide my child with a sunscreen product for use at school and on school outings in accordance with the school's policy. **Yes [ ] No [ ]**

2. to leave the school grounds, with appropriate supervision, to take part in educational visits in accordance with the school's policy. **Yes [ ] No [ ]**

3. to be transported by the school to various educational and sporting events in accordance with the school's policy. **Yes [ ] No [ ]**

4. to be videoed/photographed by members of staff and agree for these to be used for educational or promotional purposes, including the school's Facebook Page in accordance with the school's policy. **Yes [ ] No [ ]**

5. to forward contact information to other school parents should they wish to contact me/us in accordance with the school's policy. **Yes [ ] No [ ]**

6. to contact my child's previous/concurrent educational setting/agencies (e.g. health professionals) for the transfer of information and records in accordance with the school's policy. **Yes [ ] No [ ]**

Collection Form

I give permission for my child (named above) to be collected at the end of the school day by the named person(s) below and agree to contact the school in writing or, where writing is not possible, by telephone, if any person(s) not on this list are due to pick up my child.

Name	**Relation to child**	**Other details i.e. particular days**
1.		
2.		
3.		
4.		

First signature:	**Second signature:**
Name in full:	Name in full:
Relationship to child:	Relationship to child:
Date:	Date:

Medical Information

Name of child:	Date of birth:

RECORD OF IMMUNISATIONS:	
TYPE	**DATE**
Diptheria, tetanus, whooping cough, polio	
Haemophilius influenza type B (Hib)	
Pneumoccoccal infection	
Meningitis C	
Measles, Mumps, rubella	
(Girls only) Cervical cancer	
Heaf Test	
BCG	

PLEASE GIVE DETAILS OF THE FOLLOWING:	
Any allergies or sensitivities to food, medication, pets or to insect stings?	Yes [ ] No [ ]
	Details:
Any chronic or recurring medical conditions needing regular or occasional medication or treatment?	Yes [ ] No [ ]
	Details:
History of any serious illnesses or injuries requiring admission to hospital?	Yes [ ] No [ ]
	Details:
Any other conditions that might affect your child in his or her school life?	Yes [ ] No [ ]
	Details:

Are there any psychological factors that affect your child of which we should be aware?	Yes [ ] No [ ]
	Details:
Does your child have regular dental checks?	Yes [ ] No [ ]
Does he/she wear a dental appliance?	Yes [ ] No [ ]
	Details:
Does your child have regular eye tests?	Yes [ ] No [ ]
Does your child require glasses?	Yes [ ] No [ ]
	Details:
Do you have private medical insurance?	Yes [ ] No [ ]
Please give details of any family bereavement issues that the school should be aware of:	

Are there any circumstances relating to your child of which the school should be aware? Please check as appropriate:

ADHD	☐	Allergies	☐	Aspergers Syndrome	☐
Autism	☐	Dyslexia	☐	Dyspraxia	☐
Hearing impairment	☐	Visual impairment	☐	Asthma	☐
Hay fever	☐	Migraines	☐		

Please enclose the most recent Education Psychologist's report, if applicable.

Other (please give details): ______________________________

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Emergency Contact Details

Family Doctor:	**Family Dentist:**
Address:	Address:
Telephone:	Telephone:
Mobile:	Mobile:
E-mail:	E-mail:

Mother:	**Father:**
Business Address:	Business Address:
Business telephone:	Business telephone:
Mobile:	Mobile:
E-mail:	E-mail:

Consent to General Treatment and First Aid

I/We* give consent for my/our* child receiving all the general health care and first aid services provided at Hopelands Preparatory School under the supervision of a trained First Aider.

He/she* may/may not* be given first aid treatment by any qualified member of staff.

He/she* may/may not* be given non-prescribed medicines to treat minor illness or injury.

(Parents of EYFS pupils will be asked to give written consent on each occasion that medication is administered).

Consent to Emergency Treatment

I/We* authorise the Head, or an authorised deputy acting on their 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 (under the NHS) if the school is unable to contact me/us*.

**Please delete as appropriate*

First signature:	**Second signature:**
Name in full:	Name in full:
Relationship to child:	Relationship to child:
Date:	Date: