



LORENDEN

HEALTH UPDATE

Please take time to read and complete this form as fully as possible and return it to the School Office. Thank you.

Full name of pupil:

Date of Birth:

CONSENT: If a pupil requires urgent medical treatment, dental or optical treatment either in school or on a school trip, every effort will be made to contact the parent or guardian. Should this prove impossible in the time available, the Head (or her representative) acting in loco parentis, is authorised to give valid consent to such treatment (including anaesthetic or surgical procedure) as may be advised by the Hospital Consultant.

I consent to my son/daughter:

- | | |
|---|--------|
| • Receiving emergency treatment as stated above | YES NO |
| • Receiving medical treatment if required | YES NO |
| • Receiving first aid if required | YES NO |
| • Receiving medicines for minor ailments e.g. Paracetamol, Ibuprofen etc | YES NO |
| • Participating in off-site activities | YES NO |
| • I give permission for medical conditions and allergies to be divulged to teaching staff responsible for my child, during school time and during off site activities | YES NO |

DATE:.....SIGNED:.....
.....

MEDICAL INFORMATION: All medical information will be treated in the strictest confidence and shared only with relevant staff on a need to know basis, e.g. allergies, serious medical conditions.

Is your child allergic to anything or do they suffer from any other condition which we should know about?

Conditions known to school:

PARENTS ARE REMINDED THAT THE SCHOOL OFFICE SHOULD BE INFORMED IMMEDIATELY OF ANY CHANGES IN THEIR SON/DAUGHTER'S HEALTH OR MEDICATION.

