



EMERGENCY MEDICAL PERMISSION FORM

2018/2019

I /We ..... the Parents/Carers of: .....

(Please give full name of child)

I / We give permission for any medical treatment or investigation, such as an X-ray, to be carried out in the event of my/our child being involved in any accident or falling ill whilst at school.

Signed ..... Dated .....

In case of an emergency please use the following contact telephone numbers:

Father ..... Mother .....

Full Name of Child .....

Date of Birth ..... Medical NHS Health Number.....

Address .....

Name of Doctor/Surgery .....

Address .....

Telephone Number .....

Essential Medical Information (e.g. Allergies/Regular Medication): Please note that an inhaler and spacer is required to be retained in school at all times for children who have been diagnosed with asthma. It is the responsibility of all parents/carers to ensure that all medication is in date.

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