



Discovery Den - Child Information and Medical Record with Consent Form

<u>PUPIL</u>	
NAME	
YEAR	

<u>PARENTS/CARER - PRIORITY 1</u>	
NAME	
RELATIONSHIP TO PUPIL	
ADDRESS	
PHONE	
MOBILE	
EMAIL	

<u>PARENTS/CARER - PRIORITY 2</u>	
NAME	
RELATIONSHIP TO PUPIL	
ADDRESS	
PHONE	
MOBILE	
EMAIL	



Please indicate whether you have given your consent in each case by ticking the box on the right-hand side.

On-Site Activities

I give my permission for my son/daughter to:

Use the internet in line with the school's acceptable use policy	
View films and video clips rated PG	
Take part in food preparation/cooking and tasting activities	

Please outline any food allergies/specific dietary requirements:

.....
.....

Medical consent

MEDICAL INFORMATION	
NAME OF DOCTOR	
ADDRESS	
PHONE	
ANY OTHER RELEVANT INFORMATION	

Henley-in-Arden Church of England Primary School

"And He took the children in His arms and blessed them"



I give my permission for:

My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity.	
My son/daughter to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity.	
My son/daughter's information to be shared with the NHS and other relevant health professionals.	
A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted.	
Plasters to be applied to my son/daughter.	
My son/daughter to use anti-bacterial hand gel when appropriate.	
My son/daughter to be assisted in applying sun cream if necessary.	
Staff to administer the medicines I have listed below:	

Please outline any medical conditions/allergies:

.....
.....



Release Contacts

I give my consent for my son/daughter to be released to the following person/s

PERSON 1	
NAME	
RELATIONSHIP TO PUPIL	
ADDRESS	
PHONE	

PERSON 2	
NAME	
RELATIONSHIP TO PUPIL	
ADDRESS	
PHONE	

A child will not be allowed to leave any session with anyone other than the expected persons listed above, without written or verbal permission.

Use of Information and image (including photographs and video recordings) in relation to Discovery Den

I give my permission for my son/daughter's:

Names to be used on the school website, printed publications and local media.	
Work to be used on school displays and on the school website.	
Image to be used within school ie On displays	
Image to be used in printed school publications ie School Prospectus	

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Image to be used on the school website and local media.	
Image to be taken by, or used in circulation to, other parents ie School newsletter	

Communication

I give my permission for the school to contact me via:

Phone	
Email	
Text message	

The information in this form will be used throughout your child's time at Discovery Den. You may withdraw your consent at any time by contacting the school.

Signed: Date:

Print Name: