

Medical Consent Form (please complete both sides)



Name of establishment: Tavistock Infant School

Personal details

First name of Child Surname

Class.....

Date of birth Age Male/Female (delete as necessary)

Address
..... Post code

Name of next of kin

Next of kin address (if different to the above)
..... Post code

Contact number: Home Work Mobile

Name and address of participant's doctor

Telephone no NHS no (if known)

Consent for 2026/2027

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed

Please print name here

Address
..... Post code

Has your child had any of the following?

- | | | |
|--|-----|----|
| • Asthma or bronchitis | Yes | No |
| • Allergies to any known medication | Yes | No |
| • Heart Condition | Yes | No |
| • Any other allergies, e.g. material, food, plasters | Yes | No |
| • Travel sickness | Yes | No |
| • Other illness or disability | Yes | No |
| • Severe headaches | Yes | No |
| • Fits, fainting or blackouts | Yes | No |
| • Diabetes | Yes | No |
| • Regular medication | Yes | No |

If the answer to any of the previous questions is Yes, please give details:

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Has your child received vaccination against Tetanus in the last 10 years? Yes No

Is your child receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has your child been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):

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Any further information you think we should be aware of.....

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In the event of any illness or medical treatment occurring after the return of this form, I undertake to inform the school office.

Signed (person with parental responsibility)

Please print name here