



Embracing Diversity, Building a Brighter Future Together

Medical Consent Form (on-site/off-site activities)

Please fill in this form in BLOCK CAPITALS and return it to the school office.

Section A: General details	
Child's full name	
Class	

Please indicate whether you have given your consent in each case by ticking the box on the right-hand side, and sign and date the form on the last page.

I give my permission for:

My child to be given first aid by a trained member of staff during any on-site or off-site activity	
My child 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. Please note: in a medical emergency your child may undergo treatment regardless of whether or not you have ticked this box. In an emergency: <ul style="list-style-type: none"> • The school can consent on behalf of your child (on the basis of 'loco parentis') • Medical professionals can consent on behalf of your child 	
A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted. Please note: in a medical emergency, the school can consent on behalf of your child (on the basis of 'loco parentis'), regardless of whether or not you have ticked this box.	
Plasters to be applied to my child	
My child to use anti-bacterial hand gel	
My child to be assisted in applying sunscreen, if necessary	
Staff to administer prescribed medicines as specified on the 'Parental Agreement for School to Administer Medicines'	

Enquiry – Resilience – Adaptability – Thoughtfulness – Respect – Cooperation – Communication - Morality - International Mindedness



Head Teacher Mr Mike Sibley
 Deputy Head Mr Steven Capewell
 Assistant Head Miss Emily Ware
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 www.boothferryprimary.co.uk
 @boothferryPS



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Please outline any medical conditions/allergies:

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Food Allergies

Please request and complete the special diets form from the school office.

Emergency release

Using the Arbor Parent Portal App, please check that your contact details are correct. Could you please complete any missing information, including emergency contacts. Ideally, we like 3 to 4 emergency contacts for your child, this can be another parent from school or family member/friend who can help get a message to you in an emergency.

Please make sure the individuals whose details you put down are aware you have done so. Additionally, please make them aware of our privacy notice for personal data.

<https://boothferryprimary.co.uk/wp-content/uploads/2024/02/Privacy-Notice-for-Pupils.pdf>

The information in this form will be used throughout the academic year. You may withdraw your consent at any time by contacting the school.

If your child’s circumstances change (e.g. relating to medical conditions/allergies), you must inform the school.

Name and relationship to pupil:

Signed: Date:

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