

Parental Consent Form

Day/evening visits, treatment, medication and photographs



HYMERS
COLLEGE

Pupil's full name	
Pupil's year group & form	Date of Birth

I agree that my son/daughter may take part in any day and/or evening visits and sporting fixtures organised by the school during his/her time at Hymers College. I also consent to such medical treatment which in the opinion of a medical practitioner or teacher in loco parentis may be necessary for my child in the course of such a visit or fixture or during the school day.

I consent to the administration of over the counter medication appropriate for the injury or symptoms being displayed (list shown overleaf).

Please list any known allergies
Please list any medical condition your child suffers from
Please list any regular prescribed medication taken by your child (eg asthma inhaler)
Please give the name, address & telephone number of your child's GP

Does your child have any specific learning difficulty or other special educational needs.

✓

<input type="checkbox"/>	No
<input type="checkbox"/>	Currently under investigation (Please give details)
<input type="checkbox"/>	Yes (Please give details)

If your child suffers from a chronic condition eg epilepsy, asthma or diabetes, the school will presume that your child will be in possession of any necessary prescribed medication at all times, whether in school or out of school, on a trip, residential or sporting fixture. In the event that your child attends school or an organised trip, residential or sporting fixture without being in possession of their prescribed medication the school will presume you give your consent to your child doing so. All of our staff have had advice on supporting pupils with chronic illness and will at all times take all reasonable steps to safeguard your child's best interests.

I confirm that my son/daughter may be photographed/filmed to highlight the success of Hymers College and that such photographs or videos may be published by the school in any school publications, on the school website and in press releases issued by the school.

Signed (mother/father/legal guardian)		Date
Name of parent/legal guardian		
Address		Postcode
Home telephone	Mother mobile	
Father mobile	Mother work	
Father work	Other	

The following over the counter medication may be prescribed appropriate for the injury or symptoms being displayed:

Paracetamol (tabs)
Paracetamol (sol)
Calpol Medicine
Calpol
Lemsips
Ibuprofen 200mg
Ibuprofen 400mg
Meltlets
Piriton Syrup
Piriton
Antacids
Strepsil
Cold Spray
Olbas Oil
Imodium Instant
Joyrides
Dioralyte
Ibuprofen Gel
Savlon Cream
Benzydyl
Clarityn
Sudocream
Glucogel
Tums U13 yrs
Milk of Magnesia
Andrews Liver Salts