

Oldfield Brow Primary School
Taylor Road, Altrincham
WA14 4LE
0161 926 8646

BREAKFAST CLUB 2019/20

breakfastclub@oldfield-brow.com

Consent Form

As a parent/carer (with full parental responsibility) I give my consent for:

My child to be given prescribed medication to be administered at the stated dose and time if required. Please note that a PP4M (Medicine form) must be completed prior to this. YES / NO

A responsible member of staff to take the appropriate action on my behalf if my child requires further medical/hospital attention. YES / NO

Antiseptic wipes (non alcohol based) to be used to clean wounds if necessary. YES / NO

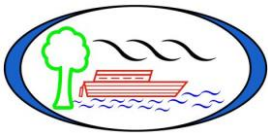
Students to observe my child as part of course work requirements (students are always fully supervised). YES / NO

To use in promotional photographs either on our website page or in school publications. YES / NO

Child's name..... Class.....

Signed..... Date.....

Print Name.....



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Medical Form

Does your child wear glasses: all the time/for reading, watching T.V. YES / NO

Does your child have hearing problems? YES / NO

Please give details

Does your child attend Speech Therapist? YES / NO

At which clinic? How often?.....

Does your child suffer from asthma? YES / NO

If so, what medication and how regularly?.....

If your child needs an inhaler please ensure Breakfast Club has access to one.

Does your child suffer from any of the following?

Eczema – YES / NO. If yes please state where and the medication prescribed

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Psoriasis – YES / NO. If yes please state medication given.....

Hayfever – YES / NO. If yes please state medication given

Allergies – YES / NO. If yes please state allergies and any medication given

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Does your child have any distinguishing marks/birthmarks. YES / NO

If yes a short description of the mark and location

May plasters be used on your child? YES / NO

Is there any other medical condition that you feel we should know about? YES / NO

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Name and address of your child's GP

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