

1. Allergies or sensitivity to food. Please state reaction and treatment required.

2. Dietary requirements. Please state whether you have any dietary requirements?

3. Other allergies. Please state reaction and treatment required.

4. Do you have any medical conditions?

5. Is there anything else you feel we should know about?

CONSENT TO GENERAL TREATMENT AND TO FIRST AID

I/We give consent for my/our son/daughter (delete accordingly) receiving all the general health care and first aid services provided at the School under the supervision of the qualified School Nurse. He/she may/may not (delete accordingly) be given first aid treatment by any qualified member of staff. He/she may/may not (delete accordingly) be given non-prescribed medicines to treat minor illness or injury. Please see the terms and conditions for a list of medications which will be given if required.

CONSENT TO EMERGENCY TREATMENT

I/ We authorise a Director of Academic Summer, the Principal or the Head of House to consent on the advice of an appropriately qualified medical specialist to my/our son/daughter receiving emergency medical treatment, including general anaesthetic and surgical procedure if the school is unable to contact me/us.

Signature of both parents or guardian: _____
Mother Father Date