



Dear Parents/Guardians

In line with the Schools Administration of Medication Policy, Parents are obliged to ensure that staff are made aware in writing of any medical condition suffered by any children in their class. These details must be included on this form.

**Please note that if parents fail to complete a medical information form it will be assumed that there are no medical issues.**

## PART 1 – To Be Completed By All

Student Name:		Class:	
Date of Birth:		PPS No:	
Address:			
Home Tel No:		Work No:	
Mobile No (Mother):		Mobile No(Father):	
Emergency Contact Name:		Emergency Contact No:	

**SPECIAL MEDICAL CONDITIONS: (If no conditions please write NONE below)**

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**If your child has an ongoing medical condition please tick the box and we will send you a Consent Form for Medication/Procedures at School.**



## PART 2 – To Be Completed By All

### Indemnity – Re: Emergency Situations Only

#### CONSENT TO TREAT

I/We do hereby authorise the teachers and members of the administrative staff of Sutton Park School and any adult member of staff therefore is hereby authorised to act as an agent for the undersigned during the school year to consent to any x-ray examination, anaesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any licensed dentist, physician, surgeon or the medical or dental staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at such a licensed hospital.

A reasonable effort is made to contact and inform the parents or guardian in case of emergency medical, dental, psychological and surgical diagnosis, care, treatment and/or hospitalisation which is deemed necessary or advisable for the student. I/We understand that, should a psychological evaluation be necessary for my/our child, I/we will be contacted.

It is understood that this authorisation is given in advance of any specific diagnosis, treatment and hospital care being required, it is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician, chiropractor or dentist in the exercise of his best judgement may deem advisable. The undersigned do(es) hereby indemnify and hold harmless Sutton Park School and all members of the faculty and administrative staff thereof from any responsibility for so acting and the undersigned agree(s) to pay the reasonable and customary charges for any x-ray examination, anaesthetic, medical, dental or surgical diagnosis or treatment and hospital care provided to said minor pursuant hereto.

Signature/s (Parent / Legal Guardian)		(Relationship to pupil):
Signature/s (Parent / Legal Guardian)		(Relationship to pupil):
Date:		