



Medical Consent Form

Child's full name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Emergency contact numbers:

Name of adult	Relationship to child	Number

Medical problems, allergies or additional needs:

\_\_\_\_\_

Medication required:

\_\_\_\_\_

I/we give consent for the staff at Breakfast Club or After School Club to apply the following if needed:

Plasters

Ice Pack

Bandages

Antiseptic wipe

Dressings

Sun lotion (named, and this must belong to the child and has been left in school bag by an adult)

I/we give consent for the staff at Breakfast Club and After School Club to administer practical first aid or seek medical attention in the event of an emergency.

Yes

No



I/we give consent for the staff at Breakfast and After School Club to sign any written form of consent required by hospital authorities should the child's health and safety be in danger, and I/we are delayed attending the hospital.

Yes

No

Signed \_\_\_\_\_

Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Relationship to child \_\_\_\_\_