



St. Peter's CE Primary Academy

Station Road ● Market Bosworth ● Nuneaton ● Warwickshire ● CV13 0NP

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Inspiring Learning For Life



BREAKFAST CLUB MEDICAL CONSENT FORM

Name of child: _____ Class: _____

- (a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES, please give brief details

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- (b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? If YES, please give brief details

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- (c) Is your son/daughter allergic to any medication? If YES, please give brief details

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- (d) Has your son/daughter received a tetanus injection in the last five years? YES / NO

- (e) Please outline any special dietary needs of your child.

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DECLARATION

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion as considered necessary by the medical authorities present.

I undertake to inform the Headteacher as soon as possible of any change in the medical circumstances after the date signed.

Signed Parent/Carer Date

Printed name

EMERGENCY CONTACT NUMBERS

Name (please print) Relationship to Child
Tel No:

Name (please print) Relationship to Child
Tel No:

