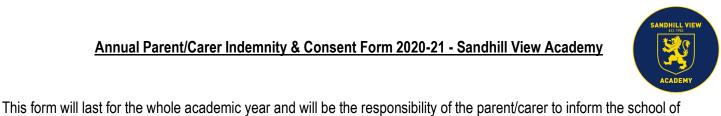
Annual Parent/Carer Indemnity & Consent Form 2020-21 - Sandhill View Academy



any changes to the information provided. For all future visits only a reply slip giving consent will be required.				red.
Nar	me of child:	Date of birth:		
Address Telephone NumberYear Group:				
		Year Group:	ear Group:	
•	My child can swim at least 50 metres (please tick).		Yes	No
•	In the event that my child is taken ill or becomes injured dudental treatment may be given, including administration of case of an emergency. (Through recommendation by the r	a general anaesthetic and	surgical oper	rations in the

My child has been immunised against tetanus (please tick).

Yes	No	Unsure

Yes

No

My child is allergic to penicillin (please tick).

tick).

Yes	No	Unsure

Please tick the relevant boxes if your child suffers from any of the following medical issues:

to sign doctor/surgeon consent, if required, on my behalf in my absence (please

	Yes	No
Fainting		
Epilepsy		
Other seizures		
Hay fever		
Asthma		
Diabetes		
Allergies		
Any other medical conditions or disabilities (please specify on the following page)		

	Any other medical conditions or disabilities including medication					
Any other medical conditions or disabilities including medication						
=	ered yes to any of the medical questions you <u>must</u> contact school in order to complete a care ur child's needs in more detail.					
Failure to complet	te a care plan will result in your child not being permitted to attend any trips.					
	is my responsibility to inform the school of any changes to medical needs or contact details as soon					
I understand that it	is my responsibility to inform the solidor of any changes to incalcal needs of contact details as soon					
I understand that it as possible.	to the reception with the control of any changes to medical needs of contact details as soon					
	to my recipoliciality to inform the content of any changes to medical needs of contact details as soon					
	to my recipendiality to inform the content of any changes to medical needs of contact details as soon					
as possible.						
as possible. Name of parent/car	rer (BLOCK CAPITALS):					

If you have answered yes to any of the medical conditions or disabilities on the previous page, please give details

Is your child prescribed any medication, or are they receiving any other medical treatment? Please include the names

below.