

**Woody’s Wrap Around Care Club**

**Woodstone Community Primary School**

Heather Lane, Ravenstone, Leicestershire, LE67 2AH

Tel: 01530 519473 email: wpsoffice1@woodstone.leics.sch.uk

*Headteacher: Mr Patrick Mullins*

*Deputy Headteacher: Mrs Simone Fellows*

*Club Manager: Mr Jerram Brewin*

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**MEDICAL CONSENT FORM**

**Name of child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class:** \_\_\_\_\_\_\_

1. Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES pleas give brief details

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1. 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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1. Is your son/daughter allergic to any medication? If YES please give brief details

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1. Has your son/daughter received a tetanus injection in the last five years? YES / NO
2. Please outline any special dietary needs of your child.

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**ANTHISAN BITE AND STING CREAM**

Please do not use Anthisan as my child is allergic to it ( )

I do not wish you to use Anthisan on my child ( )

In the case of a sting I give permission for Anthisan ( )

to be used to relieve the pain

**PTO**

**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: .........………………………………………...