



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

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

.....
.....

- (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

.....
.....
.....

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

.....
.....

- (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.

.....
.....
.....

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: