



TONGE MOOR

PRIMARY ACADEMY

Early Years and Foundation Stage

Medical Consent Form

Health and Safety

Does your child have any special health problems / needs (allergies, medications, etc)? YES/NO

If yes give details:

.....
.....

Has your child had all relevant immunisations and vaccinations? YES/NO

If yes, please give details:

.....
.....

Has your child had the tetanus immunisation? YES/NO

In the event of sudden illness or an accident to my child during the course of his/her attendance at Tonge Moor Primary Academy, I hereby authorise permission for any urgent medical treatment considered necessary by the medical authorities to be given to them in my absence.

Name of Child:

Date of Birth:

Signature of Parent or Carer:

Date: