



St Philip's Pre-School,

Ellison Road, Dunston, Gateshead, NE8 2QU

Tel (0191) 4602475 Mobile 07398498114

Manager Mrs B McNally

MEDICAL CONSENT FORM

First Name: Surname:

Address:

.....Postcode:

Tel:Email:

MobileSchool:Club:

Age: Male ☐ Female ☐ Date of Birth:

Emergency Contact Number(s) if different from above:

Who is authorised to collect your child from the session?

Medical Information

Gp's Name: Tel:

Address:

Does your child have any medical conditions we need to be aware of?

Does your child take/need to bring any medication with them? Yes ☐ No ☐

(If yes, please state medication and time:))

Is your child allergic to penicillin? ☐ Yes ☐ No

Is there anything else we should be aware of to ensure your child's wellbeing? ☐ Yes ☐ No

(If yes give details:))

I consent to any emergency medical treatment necessary in the event of an accident if I can not be contacted.

☐ Yes ☐ No

How would you describe your ethnic origin? ☐ White ☐ Black ☐ Asian ☐ Other

Do you consider yourself to have a disability?

☐ Physical Impairment ☐ Learning Difficulty ☐ Hearing Impairment

☐ Visual Impairment ☐ Other (Please specify:) ☐ None

Signature:

Date:

Parent/Guardian/Carer (Delete as appropriate)