



Name:

Tutor Group

Wadebridge School



# Medical Form

2020 intake

Please complete all sections and return to  
the main school office

Student's full name \_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tel number (home) \_\_\_\_\_ (mobile) \_\_\_\_\_  
Parent/Carer email address \_\_\_\_\_  
Name of previous school (if transferred in-year) \_\_\_\_\_

Name of Doctor's surgery \_\_\_\_\_  
Tel number \_\_\_\_\_

Does your child have any illness/es which may affect school life, e.g. Asthma, allergies, deafness etc?  
\_\_\_\_\_  
\_\_\_\_\_  
Does your child take any medication? Please give details\*  
\_\_\_\_\_  
\_\_\_\_\_  
***\*Please note: A separate medical consent form with more information is required if medication is needed during school.***  
Has your child had any serious illness/es or operations in the past?  
\_\_\_\_\_  
\_\_\_\_\_  
Does your child wear glasses?  
Does your child wear hearing aids?  
Any other relevant information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It may be necessary to share information given on this medical form with other members of staff if in the best interest of your child.

**Students MUST NOT carry their own medication other than asthma inhalers, epi-pens and/or insulin. It is the parent/carer's responsibility to ensure that students always have an adequate, up to date supply of such medication. It is strongly recommended that spare medication is kept with the Principal First Aider in school.**

**Consent for emergency treatment**

In the event of an emergency, I give permission for the Principal First Aider or any qualified member of staff to consent to any medical treatment needed (e.g. X-ray, operation etc) for my child. I understand that every effort to contact me will be made and that these measures will only be used if absolutely necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Relationship to pupil: \_\_\_\_\_

**Consent for treatment from the Principal First Aider**

If my child is injured or unwell at school, I give permission to the first aider or any qualified member of staff to treat them accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Relationship to pupil: \_\_\_\_\_

**Parent/Carers are reminded that all medical appointments should be made out of school hours whenever possible.**

If you would like to discuss any medical issues please contact Mrs Davis on [ndavis@wadebridge.cornwall.sch.uk](mailto:ndavis@wadebridge.cornwall.sch.uk) Please notify Mrs Davis of any changes/updates to your child's medical information.

If there is a change in personal circumstances or contact details, please email the pupil secretary on [nmurphy@wadebridge.cornwall.sch.uk](mailto:nmurphy@wadebridge.cornwall.sch.uk)