Aiming High Together

DOVEDALE PRIMARY SCHOOL
Willows Academy Trust

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Headteacher: Sarah Houseman
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Web site – www.dovedaleprimaryschool.co.uk

Dovedale Primary School Residential Medical Consent Form

Child's Name ……

A) Medical information: Please provide details of any conditions which the staff need to be aware of for example: asthma, allergies, night-time tendencies, travel sickness etc.

B) Please give details of any medication required, including how medication is Administered: timing, dosage and any side effects the medication may have:

C) Please outline any special dietary requirements:

D) When did your child last have a tetanus injection?

I declare that the information given above is accurate and permit Miss Barrett to administer the above medication in accordance with the instructions stated by myself.

Signed (person with parental responsibility if the participant is under 18)

……

Full name (Capitals) ……..

Date ……