



WESTFIELD ACADEMY

MEDICAL CONSIDERATIONS

It is important that we know about any regular medication that is taken, or any medical problems that may require our support. You may also wish to contact them, to discuss your child's condition. You can do this via the School Office.

IMPORTANT – Please inform School immediately if your contact details change in case of an Emergency.

NAME _____ TUTOR GROUP _____

Does your child take regular medication for any of the following? If yes, please tick and give further details below:

Asthma		Diabetes		
Allergic Reaction		Migraine		
Hayfever		Eyesight Problems		
Heart Problems		Hearing Loss		
Mobility		Epilepsy		
*Other		Salbutamol Permission	Yes	No
Acute Conditions – does your child have an acute condition that may require emergency treatment			Yes	No
We are able to give out PARACETAMOL ONLY for minor pain, but we need written permission to do so. Please tick the Yes/No box to state your preference			Yes	No

Other information

PARENT & STUDENT CHECKLIST AND CONSENT FORM



Parental Confirmations

Home School Agreement: I have read and agree to the terms

Data Protection: I have read and agree to the use of my child in school photos, publicity and other school related media

ICT Usage Agreement: I have read and agree to the terms

Privacy Notice: I have read and understood the terms

Smart Card Required: I have read and agree to the terms

Locker Required: I have read and agree to the terms

Medical Form: I have read and completed the form

I wish the school to contact me regarding my child's medical condition

I give permission for emergency use of Salbutamol

Parent Signature _____ Date _____

Student Confirmations

Home School Agreement: I have read and agree to the terms

ICT Usage Agreement: I have read and agree to the terms

Student Signature _____ Date _____

Please complete this form and return to Miss R Rodber