



WILLIAM HARDING SCHOOL
Aim high... Work hard... Be kind...

WILLIAM HARDING SCHOOL

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Head Teacher: Miss T Cotchin BA(Hons) PGCE NPQH



21 June 2023

Dear parents and carers,

Re: Medical Conditions and medication in School

We are always keen to ensure that the information we have for your child/children, is kept as up to date as possible. We understand that medical needs can also change during the school year.

The attached form normally forms part of the initial admission paperwork when your child starts at William Harding. We will now be sending this out annually for review and completion.

Therefore, please find attached form for your completion and return. The form needs to be completed for every child even if your child has no medical needs please.

Kind regards,

Miss Judge
Business Support Manager

Our School Values are: Inclusion, Perseverance, Honesty, Respect, Responsibility and Collaboration.



CONSENT FOR EDUCATIONAL VISITS INCLUDING MEDICAL TREATMENT AND EMERGENCY CONTACT INFORMATION (2.9.13) RECEPTION TO YEAR 6

Name of child **Date of Birth**.....

1. I understand that my son / daughter may leave the school premises for the types of visits **set out on the school website and / or accompanying letter** and give my consent for my child to participate in these visits. I also understand that s/he may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me.

I agree to my son / daughter receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. **(Details on the school website / at the school office.)**

I undertake to inform the head teacher as soon as possible of any change in the medical circumstances of my child, and any change of emergency contacts after the date below:

Signed(parent/guardian)

Signed (parent/guardian)

Date

2. I/we(names) may be contacted by telephone on the following numbers:

Work:Home

Mobile:

Home Address:

.....

If the contact above is unavailable then please contact who may be contacted by telephone on the following numbers:

Work: Home

Mobile

Home Address:

.....

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3. Name, address and telephone number of family doctor:

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4. Does your son/daughter suffer from any conditions requiring medical treatment or medication?

Yes No

If yes please give details:

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5. Is s/he allergic to any medication or treatment? Yes No

If yes please give details:

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6. When was the last time your son/daughter received a tetanus injection?

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7. Does your child have any special dietary requirements?

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This form should be completed when a child is first admitted to school and will remain in place until the end of Year 6 (or the date they leave). It will also be reviewed annually. It will be placed on the child's school record and will be used throughout compulsory schooling. If a request is subsequently made for the withdrawal of the form, a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.

The school will state clearly on its website and / or by letter which types of visit are covered by annual consent and those which may require additional consent (e.g. adventurous, residential, overseas and coach travel). The school will make available on its website and or at the school office the extent and limitations of the insurance cover provided.

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