



Herne Bay High School

Specialist Sports College

Bullockstone Road, Herne Bay, Kent CT6 7NS
 ☎ 01227 361221 ✉ principal@hernebayhigh.org



Health & Consent Form

Name Date of Birth

Home Address Home Tel No.....
 Work Tel No

Emergency Contact Tel No

Doctor's Name Tel No

Address

Does your child suffer from the following conditions (*Please delete yes/no as applicable*)

Asthma	yes/no	Bronchitis	yes/no
Epilepsy	yes/no	Diabetes	yes/no
Heart Problems	yes/no	Fainting	yes/no
Raised blood pressure	yes/no	Migraine	yes/no
Chest problems	yes/no	Tuberculosis	yes/no
Food Allergies	yes/no	Special dietary requirements	yes/no
Other	yes/no		

If YES to any of the above, please provide details (continue on back of form if required) and **a photograph of any medication that is taken:**

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I give permission for you to administer my child Ibuprofen/Paracetamol if asked for while we are away and will provide this if necessary (please circle as appropriate). Yes /No

Should the necessity arise I give permission for the person in charge of the party giving consent on my behalf for the administration of an anaesthetic or any other emergency medical treatment.

I understand that if any health conditions arise after completing this form, I will inform Mr Beeson of all the information about the medical condition including any medication needing to be administered.

If any medical information or condition is withheld, Herne Bay High School cannot be held responsible for that student's undisclosed medical condition or medication. Failure to disclose all medical information or conditions may result in your son / daughter being excluded from this trip.

SIGNED(PARENT/GUARDIAN) DATE