



Hoylandswaine Primary School

MEDICAL INFORMATION FORM

Child's Name:	Date of Birth:
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Details of person completing this form

Full Name:		
Relationship to child:	Parental Responsibility?	YES / NO
Home Address:		
Post Code:		
Is the child resident at this address? YES / NO (please delete as appropriate)		
Home telephone:	Mobile:	Day/Work telephone:

Medical Information

Doctor(s):
Doctor's address:
Doctor's telephone number:

Medical Conditions

Does your child have any medical conditions which school needs to know about. If so please provide brief details:

Does your child take medication? **YES / NO** (delete as applicable)

If yes, please list the medication(s) and confirm whether it / they will need to be administered in school hours and *complete the Administration of Medication form available from school reception.*

Does your child use an inhaler? **YES / NO** (delete as applicable)

If yes, will it need to be used in school hours? **YES / NO**

Does your child have any food allergies / dietary needs? **YES / NO** (delete as applicable)

If yes, please detail below

Medical diagnosis / ongoing investigation (if relevant)

✓ as appropriate

I have provided school a copy of correspondence relating to my child	
I have not provided school a copy of correspondence relating to my child	

I/We consent to the school (through the head as the person responsible) obtaining, using, holding and disclosing 'Personal data' including "sensitive personal data" (such as medical information), for the purposes of safeguarding and promoting the welfare of our child, and where necessary, for the legitimate interests of the School and ensuring that all relevant legal obligations of the school and ourselves are complied with. I/We give my/our consent to such processing and disclosure provided that at all times any processing or disclosure of personal data or sensitive personal data is done lawfully and fairly in accordance with the General Data Protection Regulations 2018.

Signature:	Date:
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**PHOTOGRAPH/VIDEO/ARTWORK/ACTIVITIES
CONSENT AND RELEASE**

Occasionally we may take photographs of children at our school. We use these images as part of school displays and class projects and sometimes in other printed publications and social media. To comply with the Data Protection Act we need your permission before we can photograph or make any recordings of your child.

Please complete and sign the form below, and return to the school.

I consent/do not consent (delete as appropriate) for my child's photograph or video image to appear on the school's website

I consent/do not consent (delete as appropriate) for my child's photograph or video image to appear on school displays and class projects. Occasionally we may wish to publish a name with photograph on a school display only – I consent/do not consent for my child's name to be used on a school photography display.

I consent/do not consent (delete as appropriate) for my child's photograph to appear in the media, e.g., Barnsley Chronicle

I consent/do not consent (delete as appropriate) for my child to use the internet in line with school's acceptable usage policy (policy shown on school website)

I consent/do not consent (delete as appropriate) for my child to view film and video clips rated PG

I consent/do not consent (delete as appropriate) for my child to take part in food preparation/cooking/tasting

I consent/do not consent (delete as appropriate) for my child to attend supervised local walks in the Hoylandswaine area

Name of child:

Name of parent/guardian:

Signature of parent/guardian: Date:

Please note:

- You may alter this consent at any point by completing a new form (available on our school website or from the parent reception area in school)
- There is no detriment to your child if consent is refused