



Monkhouse Primary School

Pennygate Spalding Lincs PE11 1LG

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In the eventuality of your child needing hospital treatment regarding an accident or an injury we would like each child to have a consent form signed by a parent or guardian. This can then be taken to the hospital enabling treatment to start immediately if we are unable to contact parents.

Child's Full Name _____ Date of Birth _____

Medical information about your child

Any conditions requiring medical treatment, including regular medication and allergies? Yes/No
If yes, please give brief details:

Contact Telephone Number

Work _____ Home _____

Home Address _____

Alternative emergency contact

Name _____ Telephone Number _____

Address _____

Name of Medical Practice/Doctor _____

Address _____ Telephone Number _____

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present.

Signed _____ Date _____

Full Name (capitals) _____

