



Welburn Hall School

Kirkbymoorside, North Yorkshire, YO62 7HQ **Headteacher:** Marianne Best
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Welburn Hall School & College Unit

Consent to Treatment

Full Name of Student:

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Date of Birth:

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Name(s) of Parents/Carers:

First Contact:	Second Contact:

Relationship to Student:

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Emergency Contact nos:

First:	First:
Second:	Second:
Third:	Third:

Address:

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Name, address & telephone number of GP:

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Medical conditions, syndromes & implications:

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Regular medical treatments:

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Allergies:

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Dietary requirements:

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Consent to Minor Treatments:

The consent we seek regarding minor treatments is general and we will exercise our judgement as to which interventions are needed at the time. However, the following are examples of common treatments which may be necessary:

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| 1. First Aid in the event of injury or medical emergency. | 5. The use of 'aftersun' when necessary. |
| 2. The application of plasters and simple dressings for minor cuts and abrasions. | 6. The use of Waspeze type preparations following stings. |
| 3. The use of E45 or antiseptic creams. | 7. The administration of pain-killers if necessary. |
| 4. The use of sun creams in hot weather. | 8. Inspection of a student's hair for headlice if the need arises. |

Please state below if you have objections to any minor treatments and we will contact you for further discussion.

Consent to Emergency Medical Treatment:

We also ask that you consider situations in which emergency treatment may be necessary, but you cannot be contacted. At such times, medical professionals may ask school staff to give consent for emergency intervention. If you sign the declaration below, you will give us limited permission only; which is to follow medical advice on your behalf.

Declaration:

The information I provide in this form is, to the best of my knowledge, accurate and complete. I give consent to Welburn Hall staff to undertake minor treatments at school and during visits, which are necessary and in accordance with policy.

I consent to any emergency medical treatment necessary whilst my child is in the care of Welburn Hall School. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctors to be a danger to my child's health and safety.

I will inform the school immediately, in writing, if there are any changes to my child's situation or needs.

I understand that all authorisations above will remain unless I contact the Head of Care or Headteacher to withdraw them.

Signature:

Print Name:

Date: