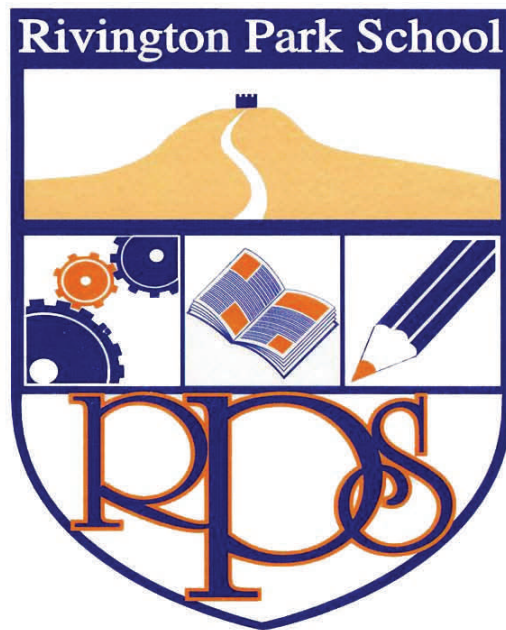


# Rivington Park Independent School Confidential Health Screening Form



<b>SURNAME:</b>	
<b>FORENAMES:</b>	





<b>13.</b>	<b>Immunisations (with dates):</b> Whooping Cough Polio Diphtheria Tetanus	<b>Measles</b> <b>BCG</b> <b>Measles/ Mumps/ Rubella</b>
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<b>14.</b>	<b>Add any other immunisations:</b>
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<b>15.</b>	<b>Past medical history with observations about your son/daughter's health which may be useful to the school.</b>
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<b>16.</b>	<b>Any special dietary requirements:</b>
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**Consent to routine checks:**

The School may need to provide routine checks of height, weight, vision. These checks are administered by the School Nurse or by the Physical Education Department. In order that these checks may be administered the school is required to obtain your consent.

**Consent to treatment:**

Whilst your son/daughter is in School or participating in a school visit, he/she may require hospital care, first aid or the administration of treatment for minor ailments. In order that school staff supervising such activities may initiate treatment, the school is required to obtain your consent.

In practice this would mean that: -

- In emergencies pupils will be transported immediately to hospital; in less urgent cases, the school will attempt to contact parents in order that arrangements may be made for hospital treatment to be given.
- Outside School, similar arrangements will be made at the nearest hospital dealing with emergency admissions.
- Staff supervising activities outside school will be authorised to administer the following when required:
  - analgesics
  - indigestion preparations
  - first aid treatment for minor cuts and bruises.

**AGREEMENT TO ROUTINE CHECKS AND TREATMENT**

After reading the previous sections, Consent to Routine Checks and Consent to Treatment, please complete this section by writing either **YES** or **NO** in the box to indicate your wishes.

Name of Pupil :.....

I give my consent for **Routine Checks** [    ], I give my consent for **emergency medical treatment** [    ]

I give my consent for the School to administer **analgesics** [    ], **indigestion preparations** [    ], **first aid treatment to minor cuts and bruises** [    ].

**AGREEMENT TO MY CHILD BEING PHOTOGRAPHED**

I give my consent for photographs of my child to be taken as part of day to day school activities. I give my consent to photographs of my child being used in the occasional publicity or advertising for the school. **YES/ NO**

**MINIBUS**

I understand that Rivington Park Independent School has its own minibus which is fitted with seat belts and complies with all health & Safety regulations. It is serviced regularly.

I give permission for my child to be taken on the minibus for trips. **YES/NO**

**PARENT SIGNATURE:**.....

**PARENT NAME(PRINT)**..... **DATE:**.....