**ANNUAL CONSENT 2024/2025**

Name:

DOB:

**I agree to the School Nurse administering mild analgesia and emergency treatment to my son/daughter if the need arises.**

Signature

Date

Parent/Guardian

**Annual Consent: School Trips and Off-Site Activities**

I give permission for my son/daughter:

a) To take part in school trips and other activities that take place off school premises; and

b) To be given First Aid or urgent medical treatment during any school trip or activity.

Signature

Date

Parent/Guardian

**Annual Consent for children requiring the use of emergency inhalers for school trips. Only applicable to children currently on prescribed inhalers.**

I consent to my son/daughter receiving the school’s emergency Salbutamol inhaler if the need arises.

Signature

Date

Parent/Guardian

**Medical Information for day boys/girls:**

Doctor’s Name

Address

**\*Boarders registered with school: Dr K Badham, Eastfield House Surgery. Tel: (01635) 41495**

Does your son/daughter suffer from any medical conditions? YES NO

If yes please give details and condition/treatment/Medication

Does your son/daughter suffer from any allergies? YES NO

If yes please give details of allergies and treatment if allergic reaction occurs.

Please give any other information that will help staff support the health needs of your son/daughter in school or on school trips or during off site activities.



**Mark Hale**

**Lead School Nurse**

**Horris Hill Prep School**

**T: 01635 40594**