

(Revised January 2008)

SS12A



**Sandwell Child Health Service**  
Sandwell and West Birmingham Hospitals **NHS**  
NHS Trust  
**Confidential**

**This form should be completed by PARENTS or persons with parental responsibility in respect of every pupil on entry to the school, and annually.**

**Section A – Child's Details:**

Surname:  Date of Birth:

Forenames:

Date of Birth:

Address:

Name of School:

I understand that there may be curriculum based activities which may take my child off school premises in the neighbourhood of the school eg swimming, field trips, sports activities, local parks - they may walk or go in a mini-bus or coach, public or private transport. (See note below.)

I understand that there may be occasions when my child may be taken by a member of the staff in his/her car to hospital or home or sporting fixtures and other activities.

I agree that my child (name) \_\_\_\_\_ be allowed to take part in these activities as indicated above.

**If you do not agree, your child will not participate in any of the above activities or be taken in a member of staff's car.**

**Note:**

In the event of certain other activities involving my child being away from school/home, I will be asked to complete an additional form for each activity.

**Section B – Medical Information**

This information will be shared with the School Health Nursing Service (SHN) to ensure that any medical needs your child may have in school are dealt with appropriately. If you wish to discuss this further please contact the SHN message taking service on 0121-612 2424.

1. Your Child's Family Doctor:

Name:

Address:

Tel:

Medical Card No:

2. Is you child on any regular medication? **Yes**  **No**

If yes, please give details:

3. Is you child under the care of any hospital, please give the Consultant's name and details:

4. Has your child had any of the following immunisations? (from your red book)

Age Due	Immunisation	Please tick the relevant boxes below and date as appropriate	
2 months	1st Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	<input type="text"/>
3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	<input type="text"/>
4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	<input type="text"/>
12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)	<input type="checkbox"/>	<input type="text"/>
3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster	<input type="checkbox"/>	<input type="text"/>
10-14 years	BCG ( <b>only for children with identified risk factors</b> )	<input type="checkbox"/>	<input type="text"/>
14 years	Tetanus, Polio and Diphtheria Booster	<input type="checkbox"/>	<input type="text"/>

5. Does your child suffer from any of the following problems?

	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poor Vision	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Serious allergic reaction eg to medicines/ foods	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other significant conditions	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the above please give details:

6. **Personal Accident Insurance**

The Local Authority does not provide Personal Accident Insurance for individual pupils.

Personal Accident Insurance can be taken out by parents if they think it necessary. They should consult the school to check whether this cover has been taken out on behalf of all school pupils before proceeding.

7. **Emergency Contact Telephone Numbers:** (Please give 2 if possible)

(1)	<input type="text"/>	Name	Daytime Tel No	<input type="text"/>
(2)	<input type="text"/>	Name	Daytime Tel No	<input type="text"/>

8. **Home Language:**  
(include dialect if other than English)

Signed:

Date:

(Parent or Guardian with parental responsibility)

**Please return this form as soon as possible to school.**

**Data Protection Act, 1998**

The information that you supply on this form will be used by the school for the purpose of processing medical, Personal Accident, Insurance and activities related information.

All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Local Authority, Education and Children's Services and the Sandwell Child Health Service.