

**GHYLLSIDE OUT OF SCHOOL CLUB
2017 - 2018**

MEDICAL INFORMATION FORM

Please ensure that you complete a medical form for each child attending Ghyllside Out of School Club.

Name of child: _____ D.O.B: _____

Name of Doctor: _____ Doctor's tel. No: _____

MEDICAL INFORMATION RELEVANT TO GHYLLSIDE OUT OF SCHOOL CLUB (E.G.HEARING, SIGHT, ALLERGIES, ASTHMA, EPILEPSY, DIABETES ETC AND MEDICATION NECESSARY)
ADDITIONAL NOTES

Emergency Medical Treatment for _____ (Name of Child)

In the event of my child requiring emergency medical treatment or first aid at the Accident and Emergency Department of Westmorland General Hospital, Kendal or Royal Lancaster Infirmary.

*I give my permission *I do not give my permission

for such treatment or first aid as may be deemed appropriate by the Hospital.

Signature of Parent/Carer

Date

* Delete where appropriate.

Suncream/Plasters

I give my permission/I do not give my permission* for suncream/plasters* to be applied to my child if necessary.

Signature of Parent/Guardian _____

Date _____

Ghyllside Out of School Club would like to take this opportunity to remind you that accident insurance is available at very reasonable rates that would ensure appropriate cover is provided at the Club and throughout school.