



**Executive Headteachers – Ms C A McCollum and Mr D May**

Name of Pupil .....

## Onsite Medical Consent Form

Whilst at school I agree to my son/daughter receiving any treatment considered necessary by the medical authorities present including

- medication as instructed
- urgent dental treatment
- urgent medical or surgical treatment, including
  - anaesthetic
  - blood transfusion

I undertake to inform the headteacher/party leader as soon as possible of any change in the medical circumstances of my child, after the date below.

Signed: ..... Date: .....

Name: ..... (parent/guardian)

## Food Tasting Permission Slip

Throughout your child's time at Swanbourne CE School they will take part in preparing and tasting food in the classroom to support the curriculum.

Please sign below to give permission for your child to take part and also to let us know of any food allergies. It is essential to inform the school office if you become aware of any allergies in the future even if they do not have any now.

Food allergies

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.....  
.....

Signed: ..... Date: .....

Name: ..... (parent/guardian)