

**Waverley School**  
311 Yardley Green Road  
Bordesley Green East  
Birmingham  
B9 5QA  
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**Parent/Carer Consent-Medical form for the 2021 Waverley Summer School:**

**Place:** Waverley School, 311 Yardley Green Rd, Birmingham B9 5QA

**Date:** Monday 9<sup>th</sup> August – Friday 13<sup>th</sup> August 2021

**Time:** 10am – 2.30pm

**I wish my child:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Child's date of birth:** \_\_\_\_\_

**To take part in the Summer School and having read the letter, agree to my child taking part in all of the activities.**

I understand that, while the whole school staff will take all responsible care of the students, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child arising during the school day.

Should any damage to, or loss of property, occur during the Summer School through the wilful or irresponsible actions of my child, I am prepared to compensate in full the cost of repair or replacement.

**Health Check: (please tick appropriate boxes)**

My child: Does  Do Not  suffer from a condition requiring regular treatment.

My child suffers from: \_\_\_\_\_

And I attach a letter from my doctor giving details of the condition and its treatment.

Is your child allergic to any medication Yes  No

If yes, please state the medication your child is allergic to \_\_\_\_\_

Has your child received a tetanus injection in the last 5 years? Yes  No

I consent to any emergency treatment considered necessary during the visit. To the best of my knowledge my child is medically fit to take part in the activities planned.

I can be contacted in an emergency on: Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Please turn the page

Second emergency contact name: \_\_\_\_\_

Second emergency contact's address: \_\_\_\_\_

Second emergency Contact Number: \_\_\_\_\_ + \_\_\_\_\_

**Dietary Information:** *Please give details if they are Vegetarian, Coeliac, Lactose Intolerance, Diabetic & Food allergies*

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**Medical Information:**

Medical conditions *e.g. Diabetes, Asthma*

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Medication and dosage:

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**Please X as appropriate**

I consent to photographs being taken of my child by the school for the Summer School

I consent to the use of images in the school newsletter for the Summer School

I consent to the use of images on school social media and the school website for the Summer School e.g. Twitter.

**Parent/Carer (Please sign):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Carer (PRINT NAME):** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Please return to the main reception at Waverley School by Wednesday 7<sup>th</sup> July 2021**

