



**CAMBRIDGE
ACADEMY**

**ANNEX B
HEALTH RECORD
Consent and Declaration**

Please note that the following consents are valid for the duration of time that your child attends CAMBRIDGE ACADEMY INTERNATIONAL BRITISH SCHOOL, unless you inform the school otherwise in writing or by telephoning the school nurse directly.

<u>PRINT FULL NAME OF THE CHILD</u>	<u>DATE OF BIRTH (Gregorian Calendar only)</u>

As the parent / guardian of the child above I give my consent to the following:

1. Consent for Emergency Treatment

Should your child require prompt medical treatment you will be contacted and asked to collect your child from school. In the event of a serious emergency, an ambulance will be called immediately. You will be contacted and advised to meet at the Hospital.

I consent to my child receiving medical emergency care as advised by the licensed healthcare provider at the time.

I consent to my child receiving emergency care as outlined above.

Parent Name (Print): _____ Parent Name (Print): _____
 Parents Signature _____ Parent Signature _____
 Date _____ Date _____

2. Allergies or any deficit

The School requires parents to disclose any allergy at the time of the application.

ALLERGIES	YES/NO (If yes please specify)
Allergies (food, insects, drugs, latex)	
Allergies (seasonal)	
Asthma or breathing difficulties	
Vision Deficit	
Hearing Deficit	
Epilepsy/seizures	

The school reserves the right to withdraw the student's place in the light of incomplete disclosure. I have understood and agree to the above conditions.

Parent Name (Print): _____ Parent Name (Print): _____
 Parents Signature _____ Parent Signature _____
 Date _____ Date _____





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3. Parent Disclosure

The School requires parents to disclose any health and/or special educational needs at the time of the application. Failure to do so may result in the parent paying additional costs for support.

The school reserves the right to withdraw the student's place in the light of incomplete disclosure.

I have understood and agree to the above conditions.

Parent Name (Print): _____ Parent Name (Print): _____

Parents Signature _____ Parent Signature _____

Date _____ Date _____

4. Consent for the Administration of Paracetamol and First Aid

In the event of your child developing discomfort from dental, menstruation, muscular or mild cold symptoms, without fever, the

- School Nurse may, after assessment, administer age-appropriate Paracetamol to your child
- No alternative analgesic will be offered
- Students with fever will be asked to go home for care
- All students who receive regular, prescription medication are monitored and you will be duly notified if concerns arise
- Minor first aid treatments will be administered by the Nurse e.g. topical application of antihistamine and antiseptic products

I consent to my child being given Paracetamol and First Aid by the School Nurse.

Parent Name (Print): _____ Parent Name (Print): _____

Parents Signature _____ Parent Signature _____

Date _____ Date _____

