



# Monkshouse Primary Academy

Pennygate Spalding Lincs PE11 1LG

Tel: 01775 722006

Website: [www.monkshouse.lincs.sch.uk](http://www.monkshouse.lincs.sch.uk)

Email: [reply@monkshouse.lincs.sch.uk](mailto:reply@monkshouse.lincs.sch.uk)

In the eventuality of your child needing hospital treatment regarding an accident or an injury we would like each child to have a consent form signed by a parent or guardian. This can then be taken to the hospital enabling treatment to start immediately if we are unable to contact parents.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Medical information about your child

Any conditions requiring medical treatment, including regular medication and allergies? Yes/No  
If yes, please give brief details:

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### Contact Telephone Number

Work \_\_\_\_\_ Home \_\_\_\_\_

Home Address \_\_\_\_\_

### Alternative emergency contact

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Medical Practice/Doctor \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

### Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full Name (capitals) \_\_\_\_\_

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