



Walton Hall Academy



CONSENT FORM

NAME OF PUPIL: _____

- If a **surgeon or dentist** considers that an anaesthetic and an operation are necessary for my child in an emergency and I cannot be contacted I agree that my consent for anaesthetic and the operation may be given by the Headteacher/Deputy Headteacher of this academy.
- Should my child be on **permanent medication**, or from time to time on course of medicine prescribed by a doctor I accept full responsibility for the transport of such medicines to and from academy.
- I give consent for my child to take part in **swimming lessons** as part of the academy curriculum and any recreational swimming activities during the evening (if a boarder) on the understanding that this is always adequately supervised.
- I recognise that my child will frequently participate in **visits and activities** away from academy. I give my consent to this on the understanding that such visits and activities are conducted within the safety regulations laid down by Shaw Education Trust.
- When the staff of the academy consider my child to be sufficiently competent to make **unsupervised journeys** outside of the academy as part of his/her social training, I give my consent to such journeys.
- I give consent to my child receiving any **medical or dental treatment** considered necessary by a doctor or dentist whilst he/she is boarding at this academy.
- I give consent for my child to be **administered**, by any professional staff designated by the Headteacher, **drugs, medications** and other pharmaceutical preparations prescribed by the GP at Walton Hall whilst he/she is boarding at this academy.
- I give consent for my child to receive **Health & Sex Education lessons** within the academy based curriculum (available on request from office). I understand that sensitive issues such as contraception, drugs, sexual diseases, life-styles and practises are dealt with at appropriate ages. Overall emphasis is given to quality of relationships and family values.
- Delete if CONSENT IS WITHHELD

I have received the following

- a. Holiday Dates _____
- b. Medical Forms _____

Signed: _____ Parent/Guardian Date: _____