

**The German Saturday School Croydon**  
**Health Declaration & Medical Emergency Consent Form**

*To be completed by a parent/carer and returned to a member of the school management team prior to the child's first day at The German Saturday School Croydon (the "School").*

Name of child: .....

Gender (please circle as appropriate): ..... Male / Female

Date of birth (DD/MM/YYYY): .....

Emergency contact name: .....

Relationship to child: .....

Emergency contact number (mobile preferred): .....

**Please answer by circling as appropriate on the following questions:**

Is the child treated for Diabetes, Asthma or Epilepsy? ..... Yes / No  
*(If yes, please give details, including details of any medicines that may be required.)*

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Does the child suffer from any (severe) allergies? ..... Yes / No  
*(If yes, please give details, including details of any medicines that may be required.)*

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Is there any drug or medication (e.g. plasters, penicillin) to which the child is known to be allergic? ..... Yes / No  
*(If yes, please give details.)*

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Does the child currently receive regular treatment from a family doctor or hospital? .....Yes / No  
*(If yes, please give details.)*

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Does the child currently take regular prescription medication of any kind? .....Yes / No  
*(If yes, please give details.)*

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Does the child suffer from any other significant illness or disability that you feel the School should know of? .....Yes / No  
*(If yes, please give details.)*

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I understand and agree to the following:

If my child becomes ill during a lesson and their teacher feels that medical treatment is required, my child will be removed from the classroom and looked after by a member of staff or another suitable adult. The School will attempt to contact the parent/carer.

If my child is too ill or injured to be moved, a designated First Aider will be called and First Aid will be administered as appropriate. The School will attempt to contact the parent/carer.

If my child has an incident which requires urgent or non-urgent hospital treatment, the School will be responsible for calling an ambulance in order for my child to receive treatment. When an ambulance has been arranged, a staff member will stay with my child until the parent/carer arrives or accompany my child to hospital by ambulance if required. Parents/carers will be informed and arrangements made regarding where they should meet their child.

If I cannot be contacted, the School will act in loco parentis and may give permission for my child to receive emergency medical treatment as advised by a doctor or medical professional.

I understand that non-prescribed medicines (e.g. paracetamol, ibuprofen) may not be taken in school. Prescribed medicines (e.g. antibiotics) cannot be administered by members of staff at the School and should be taken outside school hours if possible. There are no facilities to store medication safely at the School.

I understand that if my child suffers from severe allergies or asthma, I must carry any medication they may need (e.g. inhaler, EpiPen®) and remain on site during school hours in case my child should need assistance. Members of staff/volunteer helpers cannot administer any medication.

I will ensure that the School has up-to-date emergency contact details and relevant medical information for my child. I will provide the School with an up-to-date Health Declaration & Medical Emergency Consent Form should any of the details previously provided change.

I understand that the School may share any information given on this form with my child's teacher, teaching assistant and/or any doctor or medical professional if required.

Any information provided will be processed in line with the School's [Data Protection Policy](#).

Please sign below

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Name: .....

Date: .....