

# BUDE PRIMARY FEDERATION

Email: [admin@bude-inf.cornwall.sch.uk](mailto:admin@bude-inf.cornwall.sch.uk)

Tel: 01288 353798

Email: [secretary@bude-jnr.cornwall.sch.uk](mailto:secretary@bude-jnr.cornwall.sch.uk)

Tel: 01288 353798



Executive Head Teacher: Mrs S Gordon  
Bude Infant School & Bude Junior School  
Broadclose Hill  
Bude  
Cornwall

## MEDICAL FORM

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Emergency Medical Consent:  (Please tick\*)

\* This confirms your agreement for the school to initiate appropriate medical treatment in the event of an emergency.

Name & address of Medical Practice/Doctors' Surgery: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number of Medical Practice/Doctors' Surgery: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Does your child have any allergies? (e.g. food allergies, allergies to plasters) **YES / NO**

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions? (e.g. asthma) **YES / NO**

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Does your child need to take medication on a regular basis? **YES / NO**

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

If you require more space please continue on a separate sheet.

There is a separate form for medicines that need administering on a one off basis.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

# BUDE PRIMARY FEDERATION

Email: [admin@bude-inf.cornwall.sch.uk](mailto:admin@bude-inf.cornwall.sch.uk)  
Tel: 01288 353798

Email: [secretary@bude-jnr.cornwall.sch.uk](mailto:secretary@bude-jnr.cornwall.sch.uk)  
Tel: 01288 353798



Executive Head Teacher: Mrs S Gordon  
Bude Infant School & Bude Junior School  
Broadclose Hill  
Bude  
Cornwall

## PERMISSIONS FORM

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

FOOD TASTING: I give permission for my child to take part in food tasting activities. **YES / NO**

FACE PAINTING: I give permission for my child to have their face painted (for fetes etc.). **YES / NO**

PHOTOGRAPHS & MEDIA: **YES / NO**

I give permission for my child to take part in ALL school related media. This may include a photograph in the local newspaper, on feature on our school website, Facebook page or in our school brochure, or, for them to take part in a school recording.

Should you answer NO, please choose from the following options and enter the letter here \_\_\_\_\_

- a) I give permission for my child to have their photograph on the Facebook page only
- b) I give permission for my child to have their photograph in the local paper only
- c) I do not wish my child to have their photograph taken or their name mentioned

OUTINGS: **YES / NO**

I give permission for my child to go on local studies outings in our local area for work projects or observations connected with local studies

COMPUTER PERMISSION: **YES / NO**

I give permission for my child to have supervised use of computers, iPads and the Internet within school.

- I understand that my child is only permitted to use the internet at school when supervised by an adult.
- I understand that pupils will be held accountable for their own actions and are expected to respect school property, including computers, printers and iPad, and to treat them carefully.
- I understand that some materials on the Internet may be objectionable and I accept responsibility for setting standards for my child to follow when selecting, sharing and exploring information and media.

TRANSPORT PERMISSION: **YES / NO**

I give permission for my child to be transported by coach, minibus or by private car driven by authorised persons, members of the school staff and parents whose names appear on the volunteer drivers list for educational visits only, as organised by the school, and for occasional needs such as my child being unwell and needing to be driven to hospital.

I confirm that I have read carefully and understood fully, each of the above permissions for my child during their time at Bude Primary Federation. I understand should any of the medical or permission circumstances change that I am to inform the school immediately.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_