



MEDICAL CONSENT FORM (for those under 18)

TO: The Headteacher, John Colet School

Name of Child _____

I agree that if my child urgently requires medical treatment during an out of school activity and it is not possible to contact me or my wife/husband/partner, the teacher in charge of the party is authorised to give consent on my behalf.

Signed: _____ **Parent / Carer** **Date:** _____

If you wish to withdraw consent, please email Matron on matron@johncolet.co.uk