

**BRAYWOOD CE FIRST SCHOOL NURSERY  
OA4 Medical and Consent Form**

The Royal Borough



**Windsor &  
Maidenhead**

**NAME of participant:** \_\_\_\_\_  
**Important:** This form must be completed by the parent/guardian.

Address of Participant: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No. (inc. STD): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nursery start date: \_\_\_\_\_

**EMERGENCY CONTACT DURING PERIOD OF ACTIVITY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Alternative Tel. No: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**DOCTORS** name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No. (inc. STD) \_\_\_\_\_

Details of last Tetanus injection date: \_\_\_\_\_ OR, have they had one in the last 10 years? YES / NO

Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.

\_\_\_\_\_

Please give current treatment including medication.

\_\_\_\_\_

Details of any special dietary requirements.

**PHOTOGRAPHS TAKEN DURING TRIP**

I agree to my child's photograph being used in any school context (newsletter, display boards, prospectus, website, etc.)

I agree to my child's photograph being used in Local and National Press coverage.

I agree to the use of my child's name with images used

Never use my child's name

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