

Brynford CP School

Brynford

Holywell

Flintshire

CH8 8AD

01352 713184

*Ysgol Gynradd Brynffordd*

*Brynffordd*

*Treffynnon*

*Sir y Fflint*

*CH8 8AD*

*01352 713184*

‘Every child, every chance, every day’

‘Pob plentyn, pob cyfle, pob dydd’

**Mrs Rachel Critchell B.A.HONS P.G.C.E, NPQH**

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COVID-19 EMERGENCY MEDICAL

PARENTAL PREFERENCES

1. Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Existing Medical Condition/s and Symptoms:

4. Medication and Frequency: (please send any medication to school with your child in their bag, the medication MUST then remain in school until the end of term.

5. Consent for Basic First Aid: (e.g. cuts, grazes, nose bleeds etc. PPE of apron, mask, visor or glasses and gloves will be used for delivering all first aid.)

I/We do give consent for first aid: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I / We do not give consent for first aid: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Emergency Contact Details: (Names and numbers of parents/carers who are contactable during the time your child/children are in school.)

7. Do you give permission For Your Child / Children to attend Doctors Or Hospital if necessary during the current Pandemic:(yes or no).

8. Do you give permission if deemed necessary for Emergency Services to be called during the current Pandemic:

Yes, I give permission if necessary, for emergency services to be called:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No, I do not give permission if necessary, for emergency services to be called:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If NO please state below what procedures you wish us to follow in the event of an emergency.

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

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_