

**AGREEMENT FOR THE ADMINISTRATION OF**  
**MEDICAL/GENERAL ASSISTANCE**

**PUPIL'S NAME:** .....

**DATE OF BIRTH:** .....

**ADDRESS:** .....

.....

..... **POSTCODE:** .....

**TELEPHONE NUMBERS: (in case of emergency)**

1. ....

2. ....

3. ....

**We, the undersigned, give consent for the above child to be given the following assistance by a member of school staff:**

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.....

.....

**Name of Parent/Guardian:** .....  
*(please print)*

**Signature:** ..... **Date:** .....

**Signature of Headteacher:** .....

**Date:** .....