

LETTER OF CONSENT- children with specific medical issues

Distington Community School

To Whom It May Concern:

I, \_\_\_\_\_, authorise my child, \_\_\_\_\_, medical file/information to be accessible to everyone in school and does not need to be locked away to comply with Data Protection Laws as I believe the file being accessible at all times outweighs the fear of sensitive information being seen by others. (Could be persons other than school staff).

\_\_\_\_\_ has a serious medical issue which staff need to be aware of. This includes a photograph on display of my child including their medical condition and information about medication and what to do in an emergency.

By signing this form I agree to my childs medical information/care needs to be shared.

For questions, do not hesitate to contact me on (Please add at least one contactable number):

Mobile \_\_\_\_\_

Home: \_\_\_\_\_

Work \_\_\_\_\_

Sincerely,

PARENTS NAME

Sign.....

Date of Signature.....