Parkfield Primary School
Parkfield Road, Taunton, Somerset, TA1 4RT
Headteacher: Mr Gareth Jones
Telephone: (01823) 282125
Email: office@parkfieldschool.co.uk
Website: www.parkfieldschool.co.uk

Child Injury Information and Consent Form

This form must be completed with the class teacher if your child needs any additional requirements or support due to an injury. The form will be photocopied and given to all members of staff who would come into regular contact with your child, eg PE teacher / MDSA / Swallows Staff etc. The form will then stay in the office.

Name of Child:

Class:

Date of injury:

Description of injury:

Please edit as applicable:

- My child is able to participate in PE lessons **YES / NO**
- My child is able to participate in physical activities during break / lunch **YES / NO**
- My child is booked to attend a sports club this term **YES / NO**

If applicable:

Club(s) booked to attend _____

- I wish for my child to observe the sports club(s) whilst injured **YES / NO**
- I will collect my child from school at 3.30pm **YES / NO**

Are there any other special requirements / support that your child will require?
Eg in class / playtimes / lunch / swimming

Does your child require any medication during the school day due to their injury? **YES / NO**

If yes, have you completed the administering medication form? **YES / NO**

Signed (parent / carer): …… Date: ……..….

Signed (class teacher): …….. Date: ……..……..

You must inform the school, tick the box and sign below to allow your child to return to their usual activities during the school day.

I give permission for my child to return to their usual school routine without any special requirements/support. ☐

Signed (parent / carer): ……..…… Date: …….…….

Signed (class teacher): …….. Date: …….…….