



MIDLETON COLLEGE

MEDICAL CONSENT FORM

NAMES/of PUPIL/s _____

I hereby authorise the Headmaster of Midleton College, or in his absence a member of staff authorised by him, to give permission, on my behalf, for the use of anaesthetics or other medical or surgical treatment for my child/children named above, in an emergency where I cannot readily be contacted.

SIGNED : PARENT/GUARDIAN _____

DATE : _____

MEDICAL CARDS

(Boarders only on reaching the age of 16)

NAME OF PUPIL : _____

- *1) is not eligible to have a Medical Card
- *2) is eligible and has obtained a Medical Card

The Medical Card No. is _____

DATE : _____ SIGNED : _____

- delete as necessary

ANTI-TETANUS FORM

NAME OF PUPIL : _____

Has he/she been immunised against tetanus ? _____ If so, when ? _____

SIGNED : _____ DATE : _____
