



St Edmund's School
Canterbury
 Pre-Prep | Junior | Senior

MEDICAL EXAMINATION CONSENT FORM

For the attention of Parents and Guardians

As part of our continual effort to improve the quality of health of all our pupils, our School Medical Officer would like to give your son or daughter a full medical examination.

This entails various checks by the Medical Centre staff (height, weight, etc.) followed by an examination by the Doctor who will check your child's heart, lungs, ears, spine, skin and abdomen.

Please sign and return the consent form attached below.

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To: **Nursing Sister**
Medical Centre, St Edmund's School, Canterbury, Kent, CT2 8HU

I hereby *consent / do not consent to the School Medical Officer examining my child.

Child's name:

*Senior School Form: L5 / M5 / U5 / L6 / U6

*Senior School House: Baker / Wagner / Warneford / Watson

*Junior School Form: 6 / 7 / 8

*(*please delete as appropriate)*

Signature of Parent/Guardian: Date: