



Greenfields Specialist School for Communication  
Student Medical Information



**Name of Student:**

**Date of Birth:**

**Diagnosis:**

**Mental Health:**

**Medication:**

**Vision:**

**Hearing:**

**Mobility:**

**Consultant Community Paediatrician**

**Physiotherapy Input:**

**Occupational Therapy Input:**

**Speech and Language Input:**

**Dietician Input:**

**External Agency involvement: e.g. CAMHs, Continuing Health Care, Learning Disability Nurse, Sleep Solutions etc.,**

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**CONSENT AND MEDICAL FORM – REBOUND THERAPY**

Pupil's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does the participant have any of the following?	YES	NO	Comments	Initial
Spinal rodding				
Dwarfism				
Brittle Bones				
Pregnancy				
Atlanto-axial instability (confirmed)				
Detaching retina(s)				
Detached retina(s)				
Osteoporosis				
Haemophilia				
Cardiac or circulatory problems				
Epilepsy				
Arthritis or Stills Disease				
Asthma/Respiratory problems				
Cystic Fibrosis				
Muscular Dystrophy				
Spina Bifida or Hydrocephalus				
Changeable muscle tone				
Dislocated hip(s)/other joint problems				
Vertigo, blackouts, nausea				
Hernia/prolapsed				
Open wound(s)				
Gastrostomy				
Incontinence				
Tracheostomy				
Recent serious illness/surgery				
Tender/fragile skin				
Implant (e.g. Baclofen pump)				

Are there any other conditions of which we should be aware? Continue overleaf if necessary)

\_\_\_\_\_

\_\_\_\_\_

Name of Adult completing the form (Print): \_\_\_\_\_

Profession or relationship to the pupil/participant: \_\_\_\_\_

I give my consent for the person on this form to take part in Rebound Therapy sessions and I understand it is my responsibility to inform session organisers of any changes to their condition.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Northamptonshire Provider Services

Dear Parent/Carers

**REF: Sun Protection**

We frequently take the pupils outside, at school, on community visits and on educational visits.

Please ensure that your child comes into school equipped with the appropriate sunscreen/sunblock (clearly labelled) which the staff will apply as needed.

Other items of protection from the sun would also be encouraged; hat, light cardigan etc. We do encourage the students not to stay out in the sun, whenever possible.

Many thanks for your continued support.

Yours sincerely

Lisa Atack  
Head Teacher

Jeannette Edge  
School Nurse

Greenfields Specialist School for Communication  
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Northamptonshire Provider Services

Dear Parent/Carers

**REF: Nut Allergy!**

It is important to inform you that we have pupils that attend Greenfields Specialist School for Communication who are allergic to nuts.

As any nuts in school would be considered a serious risk to health we politely request that you **do not send any foods into school for packed lunches and/or snacks that may contain nuts.**

Thank you for your support with this matter.

Yours sincerely

Lisa Atack  
Head Teacher

Jeanette Edge  
School Nurse