

Founded 1642



New Hall School
The Best Start in Life

Dear Parents/Guardians

Re: Suturing & Gluing Service for Students suffering minor lacerations

We are pleased to be able to inform you that the Health Centre is able to offer a suturing and gluing service for students suffering minor lacerations whilst at School. The aim of this service is to be able to treat any minor lacerations at School and therefore prevent a trip to Accident & Emergency. However, if the Paramedic or EMT feel a trip to A&E is necessary, they will of course advise accordingly.

In order for your daughter/son to have access to this scheme, in the first instance please complete the attached permission form and return it direct to the Health Centre, who will keep a list of students for whom permission has been received. In the event of an injury being sustained which the Paramedic or EMT feel could be treated at New Hall, the Health Centre staff will always contact the parent/guardian prior to any treatment to confirm consent.

No students will be treated without a signed permission/consent form be completed in advance of treatment.

If you are happy for your daughter/son to be part of the scheme, please complete and return the attached permission/consent form.

If you require any further information, please do not hesitate to contact me via:
healthcentre@newhallschool.co.uk

Yours faithfully

Mr Paul Davey
HEALTH CENTRE MANAGER

New Hall School The Avenue, Boreham, Chelmsford, Essex CM3 3HS
T: 01245 467 588 | E: admin@newhallschool.co.uk | W: newhallschool.co.uk

Catholic independent boarding and day school (3-18) | Principal: Mrs Katherine Jeffrey MA(Oxon) PGCE BA(Div) MA(EdMg) NPQH
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CONSENT FORM
Suturing and Gluing

Mental capacity in this context will be assumed
The following issues will be discussed

- The nature of the procedure will be explained, including the anesthetic technique, type of wound, stitches and aftercare as well as the alternative treatments available.
 - The potential risks will be explained, taking into account the risks that are important to the patient e.g. scar, keloid scarring, bleeding, bruising and wound infection.
 - Please confirm any allergies including dressings
 - Instructions will be given on how to care for the wound and avoid unwanted early openings which will result in unwanted cosmetic result and wound infection.
- The student will be given the opportunity to ask questions before proceeding

I, (name of Parent/Guardian)	
Of (permanent address)	
Hereby give consent* to my son/daughter (full name and date of birth)	

*to the minor surgical procedure of my child, named above. I have read and understood the information detailed above and understand fully the reasons for the procedure.

Signature of Parent/Guardian (Please state)	
Date	

Or, if you do **NOT** consent please sign below

I do NOT give my consent to the minor surgical procedure of suturing or gluing	Please Tick BOX <input data-bbox="1193 309 1235 349" type="checkbox"/>
Signature of Parent/Guardian (Please state)	
Date	
Print name	

Please return completed forms to:

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or
by email via: Healthcentre@newhallschool.co.uk