

St Helena's Church of England Primary School,
Willoughby

Parental Consent and Medical Form for Educational Visits

Details of visit to:

I agree to _____(name) taking part in this visit and have read the information provided. I agree to _____'s participation in the activities described. I acknowledge the need for him/her to behave responsibly.

Medical Information about your child.

Any conditions requiring medical treatment, including medication? YES/NO

If Yes, please give brief details:

Please outline any special dietary requirements (this does not include likes and dislikes).

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If Yes, please give brief details:

Is your son/daughter allergic to any medication? YES/NO

If Yes, please specify:

When did your son/daughter last have a tetanus injection?

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

A copy of the LEA School Journey Insurance is available upon request. Parents are responsible for obtaining any additional insurance cover they require.

Declaration.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Contact telephone numbers:

Work: _____ Home _____

Home address: _____

Alternative emergency contact:

Name: _____ Tel. No: _____
Address: _____

Name of family doctor: _____ Tel No: _____
Address: _____

Any further information you feel we should know: _____

Signed: _____ Date: _____

Full name: _____
(Capital Letters Please)