



PUPIL CONSENT, MEDICAL AND EMERGENCY CONTACT FORM

Off Site Activities, Trips & Visits

Student Name _____ **Form Group** _____ **Academic Year** 2017/18

This form must be completed and signed by a Parent or Carer

(please tick all appropriate boxes)

CONSENT

I am aware of the nature of the programmes that my child will be participating in. I understand that while the school staff in charge of the party will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising from and during any activity.

I consent to my child taking part in all activities organised by the staff whilst off site in connection with organised activities.

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

Signature _____ (Parent/Guardian) Date _____

Medical Information (this information will be treated in confidence)

Please provide any information regarding medical conditions that may be relevant, e.g. Asthma, allergies, Diabetes, Epilepsy, dietary requirements etc.

_____ None

Is your child currently taking any medication, e.g. antibiotics, inhaler?

_____ None

Is there anything else that you could bring to our attention (e.g. travel sickness)?

Yes Details _____ No

Has your son/daughter had a tetanus injection in the last 10 years? Yes No Unknown

I agree to my son/daughter receiving emergency treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present. Yes No

Water Activities only

My son/daughter can swim 50M is just water confident cannot swim

Emergency Contact Information

Home Address _____ Home Tel. _____
 _____ Work Tel. _____
 _____ Mobile _____

If above not available please contact Name _____

Tel _____

Relative/Neighbour _____