



PARENTAL /GUARDIAN CONSENT FORM

I agree to (student name)

Year Group:

Tutor Group:

Taking part in the following visit/off-site activity:

Please state any medical history which would be helpful for the visit should the student require treatment:
eg diabetic, asthma

What medication does the student take: name, dose, frequency and times

Note - any medication must be clearly marked with medication name, dose and frequency and sufficient for the trip - it must be handed to the Group Leader prior to leaving on the visit. The chemist can make up a medication foil for the visit or they can be placed in a dose-box with an information sheet about the medication.

Is the student allergic to any medication, if YES state:

When was the student's last tetanus injection. Date: ____/____/____

State pain/common cold relief medication the student may be given if necessary:

Outline any special dietary requirements of the student:

For foreign exchange/residential visits ONLY:

The student was inoculated as detailed above on ____/____/____

To your knowledge has the student been in contact with or suffered in the last 4 weeks contagious or infectious diseases: YES/NO

If YES, please give details: _____

FOR OVERSEAS TRAVEL, PLEASE PROVIDE A COPY OF THE STUDENTS UP-TO-DATE PASSPORT AND EHIC (EUROPEAN HEALTH INSURANCE CARD) CARD.

Main contact:

Name: _____

Home address: _____

Contact Numbers: Home - _____ Work - _____

Mobile - _____

Emergency Contact:

Name: _____

Home address: _____

Contact Numbers: Home - _____ Work - _____

Mobile - _____

Family GP Name: _____

GP address: _____

GP Telephone No: _____

Parent/Guardian declaration

I will inform the Group/Trip Leader as soon as possible of any changes in medication, student's health condition or other circumstances not listed above before the start of the journey.

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

Full name of parent/guardian: _____

Signed: _____ Date: ____/____/____