

# Garstang Community Academy

## ANNUAL MEDICAL FORM 2021/2022



### PARENTAL / CARER CONSENT AND MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS, OVERNIGHT STAYS AND ADVENTUROUS ACTIVITIES

**Full name:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
(BLOCK CAPITALS)

Taking part in school visits and agree to his/her participation in any of all of the activities described. I acknowledged the need for good conduct and responsible behaviour on his/her part.

#### 2. EMERGENCY DETAILS

(a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

(b) I may be contacted by telephoning the following number(s):

Home : \_\_\_\_\_ Work : \_\_\_\_\_ Mobile : \_\_\_\_\_

Name & Address: \_\_\_\_\_

\_\_\_\_\_

(c) Please state an alternative contact point: Telephone number: \_\_\_\_\_

Name and Address Contact: \_\_\_\_\_

\_\_\_\_\_

Child Health Service details (Medical card number): \_\_\_\_\_

Family Doctor (Name, address and telephone number): \_\_\_\_\_

\_\_\_\_\_

#### 3. MEDICAL INFORMATION

**Does your child suffer from any of the following conditions?**

Asthma		Bronchitis		Chest Problems		Tuberculosis	
Diabetes		Epilepsy		Fainting		Hayfever	
Heart Trouble		Migraine		Blood Pressure		Allergy	

If YES to any of the above, please provide details: \_\_\_\_\_

\_\_\_\_\_

**Does your child suffer from any other condition requiring medical treatment, and/or medication?**

If YES, please provide details: \_\_\_\_\_

**Is your child allergic to any medication (e.g. Penicillin), insect bites or food? YES/NO**

If YES, please provide details: \_\_\_\_\_

**Has your child been immunised against the following diseases?**

Poliomyelitis                      Yes/No                      Tetanus (Lock Jaw)      Yes/No

If YES to Tetanus, please give date if known: \_\_\_\_\_

**Is your child taking any form of medication on a regular basis?                      Yes/No**

If YES, please give full details, indicating the type of medication and dosage: \_\_\_\_\_

\_\_\_\_\_

**In the case of any residential course, does your child have any:**

➤      Special Dietary needs? \_\_\_\_\_

➤      Any childcare needs? \_\_\_\_\_

#### **4.      INSURANCE COVER**

I understand that visits are insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the school.

#### **5.      DECLARATION**

- I agree to read any information provided about any proposed educational visit and the insurance arrangements.
- I consent to my child (named overleaf) taking part in any visit, and having read the trip information sheet, declare my child to be in good health and physically able to participate in all the activities mentioned, unless otherwise notified to school.
- I will note where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I am aware of the levels of insurance cover.
- I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in any visit will be notified to the School prior to the visit taking place).

I accept that there is an inherent risk of injury in participation of adventurous outdoor activities. Risk can be reduced to acceptable levels by implementing appropriate Risk Assessment. Copies of written Risk Assessments are available on request from the School/Organisation.

Signature of Parent/Carer : \_\_\_\_\_  
(Parental /Carer consent required for children aged 17 and under)

Name in BLOCK LETTERS: \_\_\_\_\_

Address: \_\_\_\_\_