

GREAT SANKEY HIGH SCHOOL OFF-SITE VISITS PARENTAL CONSENT & MEDICAL FORM D

PLEASE READ, COMPLETE IN FULL AND RETURN ASAP

Course or Activity:

Date of Course/Activity:

Student Details

Full Name:

Form:

Date of Birth:

Medical Information

Please indicate

Does your son/daughter suffer from any illness or physical disability? If so please describe:

Yes / No

If medical treatment is required, please describe:

To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks:

Yes / No

If so, please give brief details:

Is he/she allergic to any medication?

Yes / No

If so, please give brief details:

Has your son/daughter received a tetanus injection in the last 5 years?

Yes / No

Please indicate any special dietary requirements due to medical, religious or moral reasons.

Parental Declaration

I give permission for my daughter/son _____ (*insert name*) to take part in the above activity as described, including all organised activities

I undertake to inform the visit organiser as soon as possible of any relevant change in medical circumstances occurring before the journey.

I hereby authorised any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.

I give permission for my child to be administered paracetamol / antihistamine as per the recommended dosage if required. I understand that any medication given will be logged for Health and Safety purposes.

I understand the extent and limitations of the insurance cover provided.

Contact Information

Name:

Address:

Home Telephone No.

Work Telephone No.

Mobile Telephone No.

Emergency contact address if different from that above

Name:

Address:

Tel No.

Mob No.

DOCTORS DETAILS BELOW MUST BE COMPLETED

Name of Family Doctor

Telephone Nos.

Address:

Signed Parent/Guardian:
Dated: