

MEDICAL/CONSENT FORM (UK OVERNIGHT)

Student's Name Form

Parent/Guardian's Name and Address

Student's Address (if different)

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Tel No

Tel No

Mobile No

Mobile No

E-mail

National Health Service Number: Date of Birth

Name, address and telephone number of child's doctor:

.....

..... Tel No

Date of anti- tetanus:

Does your son/daughter suffer from ANY allergies (including food, drugs) or medical conditions? If yes, please give details:

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Is your son/daughter receiving any medical treatment at the moment? If yes, please give details:

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Hospital consultant if applicable: Name

Hospital: Tel No

If your son/daughter is taking any medications or has prescribed medication for an allergic condition, these can be looked after and, if required, dispensed by a member of staff qualified in first aid. Please hand their medication to the trip leader on the day of the trip. These should be clearly labelled with your child's name and dosage instructions. Any medication/epi-pens/inhalers that are kept in school for your child's use will NOT automatically be taken on the trip.

Has your son/daughter been in contact with any infectious illnesses within the last month? If yes, please give details:

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If he/she comes into contact with any infectious illness between now and the date of the trip, please inform the College's Visits Coordinator immediately.

In the event first aid is required, which of the following may be used for your son/daughter?

Antiseptic wipes : Yes/No (please delete as applicable)

Elastoplast : Yes/No (please delete as applicable)

Does he/she have any special dietary requirements : Yes/No

If yes, please give details:

I consent to my son/daughter taking part in the visit to
In the event of my son/daughter being taken ill or injured during the period of the visit, to the extent that a surgical operation or injection becomes necessary, I authorise the teacher or member of staff in charge at the time to sign, on my behalf, any written consent to operate as required by the medical authorities.

During our visit we are likely to take pictures and videos. We would like to use these in presentations, displays, or in our booklets, newsletters or publicity.

In the event of any images of my child being taken, I do/do not (please delete as appropriate) consent to them being used for educational purposes.

I am enclosing my remittance of £...../I am paying £..... by Parentpay/No money is enclosed (please delete as appropriate).

Signed: (Parent/Carer) Date: