SCHOOL TRIP
PARENTAL MEDICAL CONSENT FORM

Data Protection Act. *The information being collected on this form will only be used for the purpose of the school administration of visits and journeys under Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Education Authority, without your written consent.*

1. Description of Activity: DUKE OF EDINBURGH EXPEDITION

2. Date of activity: Practice: …… Assessment:……

3. Name of participant:……

4. Address:……

……

……

5. Tel No:……

6. Age:…… Date of Birth: ……

7. Alternative Address & Tel No: ……

……

……

8. **Personal Information:** *Please give details requested below or personal information which might be relevant.*

   (a) Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks?
   YES / NO (*please circle*) If yes, give details: ……

   ……

   (b) Does your child suffer from allergies, Diabetes, Migraine, Epilepsy, bad period pains or any other illness or disability?
   YES / NO (*please circle*) If yes, give details……

   ……
   …

   (c) Is he/she allergic to anything (e.g. antibiotics, Elastoplasts, Aspirin or any such medicines, any particular food etc)?
   YES / NO (*please circle*) If yes, give details……

   ……

   ……

(d) Is he/she actively sensitive to penicillin?
YES / NO (*please circle*) If yes give details
……
……

(e) Is he/she receiving any medical treatment at present?
(Asthma and Hay fever treatment are the responsibility of the student and do not need to be included here)
YES / NO (*please circle*) If yes, give details of illness/disability and treatment:
……

……

(f) Date of last anti-tetanus injection ……

(g) Does he/she have any special dietary needs?
YES / NO (*please circle*) If yes give details……

……
…

(h) Can he/she swim 50 metres?
YES / NO (*please circle*)

(i) Name & Address of own Doctor
……
……

10. **Insurance:** Where a school has purchased school travel insurance through Swindon Borough Council personal accident and loss of belongings are covered. Participants are covered by SBC in the event of negligence by one of its employees or agents.

11. **PARENTAL CONSENT:**

(i) I agree to my son/daughter taking part in the above activities.

(ii) I understand that the staff responsible for the activities will take all reasonable care of participants.

(iii) I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary. Provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Signature:……
(Please print your name alongside your signature)

12. I give permission for photographs of my son/daughter to be used for school purposes
YES / NO (*please circle*)

A copy of this form may be returned to parent/guardian by the school once received after signature, should it be requested.

Please complete as required following from point 8. (e)
Student name…… D.O.D …../……./…….

Medication 1 Reason for medication:……

Name of medication: ……

Route of medication: ……

Side effects of medication: ……

Dose: ……

Frequency/time: ……

Storage instructions: …… ……

Medication 2 Reason for medication:……

Name of medication: ……

Route of medication: ……

Side effects of medication: ……

Dose: ……

Frequency/time: ……

Storage instructions: ……

I the parent/carer understand that I must deliver the above medication to the trip organiser on the day of the trips departure and accept that this is a service which the school is not obliged to undertake.

I the parent/carer understand that I need to be available for the school to be able to contact me in case of any emergency or for support/advice in relation to my child's medication and its management.

Signature: …… Date: ……

Relationship to child: ……

Emergency contact number(s): ……