



Trips and Visits medical/Consent Form

MEDICAL/CONSENT FORM

The Parent/Guardian for the student participating in the Trip/Visit should complete both sides of this form. Please fill in the details required as fully as possible – in the event of your son/daughter requiring emergency treatment this will help medical staff to decide on the most appropriate treatment.

Activity/Visit Location HARRY POTTER STUDIO TOURS

Date MONDAY 13TH MAY 2019
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Activity/Visit Leader MRS SUTTLE
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(Please complete in **BLOCK CAPITALS**)

Student's Full Name	Form	Date of Birth
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Method of Payment (please tick)	Wisepay	Date: Receipt Code/Auth No:
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Parent/Guardian's Address During the Trip/Visit	Family Doctor's Name and Address
Home Telephone No: Mobile Telephone No:	Telephone

Alternative contact (for Emergency use only)	Name:	Tel. No:
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I hereby give permission for my son/daughter to attend the aforementioned Trip/Visit.

If it becomes necessary for my son/daughter to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent for any necessary medical treatment and authorise the Trip/Visit Leader named above (or in his/her absence one of the other members of staff), to sign any document required by the hospital authorities. *(Delete if consent is not given)*

I will inform the Trip/Visit Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian

Relationship to the student

Signature

Date

Special Dietary Requirements/Arrangements

ADDITIONAL CONSENT (required when students will be involved in physical activities e.g. swimming, canoeing, climbing, skiing etc.)

I consent to my son/daughter taking part in the activities of the trip/visit, which have been explained to me by the Trip Leader.

Signed (Parent/Carer)Date

PARACETAMOL – RESIDENTIAL TRIPS ONLY. The School will oversee the self-administration of Paracetamol to any student suffering from discomfort (e.g. toothache, period pains etc.). Please tick this box if you give permission for the school to oversee self-administration of paracetamol by your son/daughter (named overleaf).

In the space below please give details of the following *(even if you have already informed the school in the past):-*

1.Any known infectious diseases with which your son/daughter (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, and Whooping Cough etc.)

2.Please list any known Allergies/Sensitivities/Disabilities (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

3.Where unavoidable the school is willing to oversee the self-administration of prescribed and non- prescription medication during the visit. Please enter below details of any medicines currently being taken (including dosage details), together with the name of the Specialist and Hospital concerned if appropriate. ***If your son/daughter has to take any medicines, the bottle, packet, jar (or any other items) should be clearly labelled with his/her name and the exact dosages, and handed to the trip Leader/First Aider before departure.***

Signed (Parent/Carer).....Date