



STUDENT MEDICAL CONSENT FORM
(FOR RESIDENTIAL, OVERSEAS & ADVENTUROUS TRIPS)

Student Full Name..... **Reg**

Student Mobile Number.....

Please sign and date the form below if you are happy for your son/daughter:

- a) To take part in a school trip as listed below
- b) To be given first aid or urgent medical treatment during any school trip or activity

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - Residential trips
 - Overseas trips
 - Adventurous activities at any time i.e. swimming, horse riding, trampolining
- The school will send you information about each trip or activity before it takes place.

MEDICAL INFORMATION

Details of any medical condition(s) that my child son/daughter suffers from and any medication my son/daughter should take during off-site visits:

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Please list any medication your son/daughter should take during off-site visits:

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Has your son/daughter ever had a tetnus injection? Yes/No (delete as appropriate)

I will inform the school immediately if there are any changes to any medical or other circumstances which could affect my son/daughter's attendance on a school trip.

Signed by..... **Dated**.....

PARENT/CARER DECLARATION

Parent/Carer's Full Name (in capitals):	
Parent/Carer's Telephone Number:	
Parent/Carer's Telephone Number:	
Parent/Carer's Signature:	

ALTERNATIVE EMERGENCY CONTACT

Full Name (in Capitals):	
Telephone Number:	
Telephone Number:	
Dated:	