



**FIELD TRIPS & VISITS
PARENTAL CONSENT & MEDICAL FORM**

Visit to:

Date of Visit:

Student Name: _____ House group : _____ Class: _____

I acknowledge the need for my child to behave responsibly whilst on the visit as students are representing the academy and the local community. I have ensured they have all the correct equipment/clothing needed to participate in this visit.

Medical information about your child:

Does your child require any medical treatment or medication during the visit? YES/NO
If YES, please give details.....

Does your child have any special dietary requirements? YES/NO
If YES, please give details.....

What type of pain/flu medication could be administered if they need it?

Is your child allergic to any medication? YES/NO
If YES, please give details.....

What was the date of your child's last Tetanus injection? _____

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO
If yes please give details.....

Name and address of doctor and medical centre your child is registered to:

Physical Ability:

Swimming

Is your son/daughter able to swim 50 metres? YES/NO

Is your son/daughter water confident in a pool? YES/NO

Is your son/daughter safety conscious in water? YES/NO

Is your son/daughter confident in the sea or in open inland water? YES/NO

Walking

Is your son/daughter able to walk approximately 1000m without problems? YES/NO

Is your son/daughter able to walk up/down hill with no problems? YES/NO

Contacts Details:

We need to be able to contact you in case of an emergency before or during the visit:

First/Main Contact:

Name: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Work: _____

Alternative contact:

Name: _____

Address: _____

Home Phone : _____

Mobile Phone: _____

Work Phone: _____

Declaration

I would like _____ (student name) to take part in the specified visit and having read the information provided agree to him/her taking part in the activities described.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform the Group Leader/academy as soon as possible of any changes in the medical status or any other relevant circumstances between now and the commencement of the visit.

Parental/Guardian Signature

Signed: _____ **Date:** _____

Full name (capitals): _____