

North Marston CE Combined School

CONSENT TO LOCAL OFF SITE VISITS AND MEDICAL TREATMENT

Name of pupil:	Class:
Venue:	Date of visit:

- 1 I understand that my child will be leaving school premises for the above visit and hereby give my consent for him/her to participate

- 2 I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I undertake to inform the Headteacher/party leader as soon as possible of any change in the medical circumstances of my child after the date below.

Signed: _____ (parent/carer)

Date: _____

- 3 I/we _____ (names) may be contacted by telephone on the following numbers:

Work: _____ Home: _____

Work: _____ Home: _____

Mobile: _____ Mobile: _____

Home Address: _____

If the above contacts are unavailable, then please contact:

Name: _____ Relationship: _____

Work: _____ Home: _____

Mobile: _____

Home Address: _____

4 Name, address and telephone number of family doctor:

5 Does your child suffer from any conditions requiring medical treatment or medication?

Yes

No

If 'yes' – please give details:

6 Is your child allergic to any medication or treatment?

Yes

No

If 'yes' – please give details:

7 When was the last time your child received a tetanus injection:

8 Does your child have any special dietary requirements?

**Please ensure this form is completed and returned to your child's classteacher prior to this trip taking place.
THANK YOU**