



## CONSENT AND MEDICAL INFORMATION FORM

---

### Geography Field Trip - Dorset Coast 15<sup>th</sup> – 18<sup>th</sup> June 2018

#### 1. Pupil's Details

Pupil's Name:		Form:	
Address:			
Town of Birth			

#### 2. Contact Telephone Numbers

Parent(s) / Guardian(s)		Daytime	Mobile	Home
Name:				
Name:				

Additional Contact ( <i>other than parent</i> )		Daytime	Mobile	Home
Name:				
Relationship:		<i>e.g. relative, close friend, neighbour</i>		

#### 3. Medical Information

Family Doctor	
Address	
Telephone No.	

**Does your child suffer from any of the following conditions?** *Please tick\* as appropriate*

Asthma	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Chest Problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	Raised Blood Pressure	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>

\* Please provide details

.....

**Epilepsy**    No     Yes     If YES,

What specific epilepsy syndrome has been diagnosed for your daughter?

.....

What is the pattern of any seizure?

.....

**Does your child suffer from any other condition?**

No     Yes     If YES please give details below

.....

**Is your child taking any form of medication on a regular basis?**

No     Yes     If YES please detail type of medication and dosage

.....

.....

*Please ensure that your daughter has adequate supplies of medication and dosage for the whole visit*

**Is your child allergic or sensitive to any medication (eg Penicillin), insect bites or food?**

No     Yes     If YES please give details below

.....

**Has your child been immunised against the following:**

Polio     Tetanus     *Please give date if known*

.....

**To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?**

No  Yes  If YES please give details

.....

#### **4. Special Dietary Requirements**

Does your child have any special dietary needs?

No  Yes  If YES please give details

.....

#### **5.**

I give permission for my child to have some unsupervised time in Swanage to walk around in groups and return to meeting point at specified time.

No  Yes

.....

#### **6. Declaration by Parent/Carer**

- I agree to my child taking part in the Geography residential visit from Friday 15<sup>th</sup> – Monday 18<sup>th</sup> June 2018. I acknowledge and appreciate the need for good conduct, courtesy, politeness and responsible behaviour on their part and that the school reserves the right to prevent my child continuing with any visits/activities in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid.
- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I declare my child to be in good health and physically able to participate in any activities mentioned.
- I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the School prior to the visit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NAME IN BLOCK CAPITALS: \_\_\_\_\_