



CONSENT AND MEDICAL INFORMATION FORM

Geography Field Trip - Dorset Coast 13th-16th September 2021

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.	

4. Special Dietary Requirements

Does your child have any special dietary needs?

No Yes If YES please give details

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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

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6. Declaration by Parent/Carer

- I agree to my child taking part in the Geography residential visit from Monday 13th –Thursday 16th September 2021. 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: