



**PARENTAL/CARER CONSENT AND MEDICAL FORM
FOR TYPE A EDUCATIONAL/OFF-SITE VISITS**

Pupil Details

Full Name			
Date of Birth		Class	

Emergency Contact 1

Full Name			
Full Address			
	Postcode:		
Mobile Number			
Home Number		Work Number	
Email Address			
Relationship to Child			

Emergency Contact 2

Full Name			
Full Address			
	Postcode:		
Mobile Number			
Home Number		Work Number	
Email Address			
Relationship to Child			

Does your child suffer from any of the following conditions (Please tick any of the following)

Asthma	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Chest Problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Heart Issues	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Nose Bleeds	<input type="checkbox"/>
Does your child suffer from any food allergies					Yes / No

Please give details:

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Does your child suffer from any condition requiring medication	Yes / No
Please give details:	

Other Information

Please supply any additional information that you wish school to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc.) which may affect your child

Declaration by Parent/Carer

- I agree to my child taking part in all school visits/activities which occur during the normal school day. (See letter dated September 2023).
- 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 acknowledge the need for good conduct and responsible behaviour on my child's part and that the school reserves the right to prevent my child continuing with the visit/activity in the case of poor behaviour.
- I agree that I will update the school with any medical information or changes to emergency contact details.

Parent/Carer Name (printed)	
Signed	
Date	