



School Trip Consent Form

Details of visit:	Time and date from:	Time and date to:

I agree to (Student's name) taking part in this visit and I confirm I have read the information sheet supplied. I agree with my son/daughter participating in the activities outlined and I acknowledge the need for my son/daughter to behave responsibly.

Signed (Parent/Carer/Guardian):

Date:

Medical information about your child	Does your child suffer from any condition(s) requiring medical treatment, including medication? YES/NO
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If YES please give brief details:

Please outline any special dietary requirements of your child and the type of pain / flu relief medication your child may be given if necessary:

Please specify:

Is your son / daughter allergic to any medication? YES
/NO

If YES please give brief details:

When did your son / daughter last have a tetanus injection?

Please specify:

For residential visits and exchanges only	To the best of your knowledge, has your son / daughter 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 *
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If YES please give brief details:

Declaration:	<p>I agree to my son / daughter 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 understand the extent and limitations of the insurance cover provided.</p> <p><i>I will inform the Group Leader / Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.</i></p> <p><i>*If completing this form more than four weeks in advance of the proposed trip please inform the school of any relevant illness which occurs in the four week period prior to the visit.</i></p>
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I consent to my child travelling by any form of public or contracted transport and/or in a motor vehicle driven by or another member of the party if necessary.

Emergency contact telephone numbers / contact name:	Home:	Work:

Home address:	
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Alternative emergency contact telephone numbers / contact name:	Home:	Work:

PLEASE NOTE THAT IN THE CASE OF A HOSPITAL ADMITTANCE, SUPERVISING ADULTS WILL BE GUIDED BY HOSPITAL POLICY AND PROCEDURE.

THIS FORM WILL BE TAKEN, BY THE GROUP LEADER, ON THE TRIP. A COPY WILL BE RETAINED BY THE SCHOOL CONTACT.