

Consent form/medical form

Student name: _____ Tutor group: _____

Parent/carer's name and address:	Student's address (if different)
_____	_____
_____	_____
_____	_____

Tel. no: _____ Mobile: _____ Email: _____

Student's date of birth: _____

Name, address and telephone number of student's Doctor:

Does your son/daughter suffer from ANY allergies (including food or drugs) or have any medical conditions. If yes, please give details:

If your son/daughter is taking any medication, or has prescribed medication for an allergic condition, these can be looked after, if required, and dispensed by a member of staff. Please hand their medication to the trip leader on the day of the trip. These should be clearly labelled with your child's name and dosage instructions. Any medication (including epi-pens/inhalers) that are kept in school for your child's use will **NOT** automatically be taken on the trip.

In the event that first aid is required may we use **Antiseptic wipes – Yes/No Elastoplast - Yes/No Please delete as appropriate.**

I consent to my son/daughter taking part in the trip to _____ and _____ in the event of them being taken ill or being injured during the visit, I authorise the teacher in charge to sign, on my behalf, any written consent to operate as required by the medical authorities.

During our visit we are likely to take pictures and videos. We would like to use these in presentations, displays, on the school website or in booklets, newsletters or publicity. In the event of any images of my child being taken, **I do/do not (delete as appropriate)** consent to them being used for educational purposes.

I enclose my payment of £/I am paying £ using ParentPay / no payment is enclosed. (Please delete as appropriate)

Signed..... parent/carer

Date