

Parent/Carer Consent Form and Medical Questionnaire

Off Site Trip to	Blackland Farm Activity Centre, East Grinstead	Trip Date	Wed 10 th October 2018
Student Details			
Students Name (in full)		Parent/Carer Name & initials	
Tutor Group		Address	
Date of Birth			
Daytime phone number			
Mobile		Is this student's home address? If no please include address here.	
Night time phone number			
Alternative contact name & phone number			
Medical Details			
Name & Address of Doctor		Doctor's Surgery Phone number	
Has your child had any of the following medical conditions:			
Asthma or Bronchitis		Yes	No
Heart Condition		Yes	No
Fits, fainting or blackouts		Yes	No
Severe headaches		Yes	No
Diabetes		Yes	No
Allergies to any known drugs or medication		Yes	No
Any other allergies e.g. material, food, insect bites etc		Yes	No
Other illness or disability		Yes	No
Any recent contact with contagious diseases and infections		Yes	No
Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital?		Yes	No
Has your child been given specific medical advice to follow in emergencies		Yes	No
Has your child received in-patient or emergency medical care for any pre-existing conditions within the last 12 months?		Yes	No
<i>Further information to ensure your child is fully insured will be required if these circumstances apply.</i>			
<i>If the answer to any of these questions is YES please give details on a separate sheet, which should be firmly attached</i>			
If deemed appropriate do you agree to paracetamol being administered to your child?		Yes	No
Has your child received vaccination against Tetanus in the last ten years?		Yes	No
Dietary Requirements			
Does your child follow a vegetarian diet?		Yes	No
Does your child have any special dietary requirements?		Yes	No
<i>If the answer is YES please give details on a separate sheet, which should be firmly attached</i>			

I wish my son/daughter to be allowed to take part in the above mentioned school trip and, having read the letter, agree to his/her taking part in any or all of the activities described.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the children, they cannot be held responsible for any loss, damage, or injury suffered by my son/daughter in travelling to or from or taking part in any of these activities unless such loss damage or injury is directly attributable to the negligence of the said staff and/or helpers in charge of the party.

I consent to any emergency medical treatment necessary during the course of the trip.

Signed: _____ (Parent/Carer) Date: _____