



Wilnecote High School Parental Consent Form Non-Residential School Visit And Medical Form

Details of Visit to: _____

Group Leader: _____

From: _____ / _____ / _____ Date / Time: _____ (am/pm)

To: _____ / _____ / _____ Date / Time: _____ (am/pm)

I agree to my child: _____ (name)

- taking part in this visit and have read and understand the information provided.
- participating in the activities described.
- I acknowledge the need for my child to behave responsibly.
- I understand that if my child's behaviour is considered to be a danger either to themselves, or to the group they may be stopped from going on the visit.

Signed: _____ (parent / guardian)

Medical Information about your child

a) Any known medical conditions requiring medical treatment, including administration of medication?

Yes / No (if yes, please provide details of dosage and GP) _____

b) Does your son / daughter suffer with any allergic reaction (including medication):

Yes / No (if yes, please provide details) _____

Declaration:

- I agree to my son / daughter receiving medication as instructed and any emergency medical or surgical treatment including anesthetic or blood transfusions as considered necessary by the medical authorities.
- I will inform the Group leader / Head teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.
- I declare that I have answered all the above questions to the best of my ability and have not knowingly withheld any information regarding physical fitness.

Sign:

PRINT Name:

(Parent / Guardian if participant is under 18 years)

Emergency daytime contact tel.no: _____

Alternative contact tel.no. / mobile: _____