



Confidential EV4 Parental Consent Form

Master Form for the academic year 2016-17

This form will be kept on file and used for all activities organised by the school.

Name of Child	
Date of Birth	Year Group

I agree to the information I am providing below being used for the purpose of school activities/trips that are organised by Meden School. I agree to inform the school immediately if any of the medical or contact information changes. I acknowledge the need for obedient and responsible behaviour on his/her part and I understand that there is some level of risk in every activity but that this will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

Are there any activities in which your child cannot participate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	

I give permission for child's name to be included in the collective passport to be held by the group leader.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If water activities are involved, is your child confident in water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Medical Information, Declarations and Consent

Does your child suffer from any conditions of which the teacher leading the visit should be aware?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details of anything the leader needs to know about to safety care for your child (e.g. illness, travel sickness, allergies, night-time tendencies – sleepwalking, nightmares, bed-wetting)	

Details of Medication

Name of medication	Dosage	Time of day / circumstances to be given	Method of administration

I give my consent for a member of staff to administer the above medication, which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent for my child to self-administer the above drugs.



Does your child have any allergies?

Yes No

If Yes, please give details:

When did your child last receive a tetanus injection?

Please outline any special dietary requirements of your child

Contact 1

Name	Mobile Number
Home Telephone Number	Work Telephone Number
Address	

I agree to my child receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I undertake to inform the school as soon as possible of any change in the information given on this form.

Contact 2

Name	Mobile Number
Home Telephone Number	Work Telephone Number
Address	

Family Doctor Contact

Name of Doctor	Contact Number
Address	

Any other relevant information

Signed: Date:

Print Name: