

The March Church of England Primary School Parental Consent & Medical Form

CONSENT FORM FOR MARCH CE SCHOOL SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

Please sign and date the form below if you are happy for your child:

- a) To take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

Please complete the medical information section below and sign and date this form if you agree to the above.

MARCH CE PRIMARY SCHOOL PARENT/CARER ANNUAL CONSENT AND MEDICAL INFORMATION FORM FOR EDUCATION VISITS AND ADVENTUROUS ACTIVITIES FOR THE YEAR 2016/17

(This form is to be completed in full by the parent/carer and returned to the school office)

Please remember that it is your responsibility, as a parent/carer to keep the school up to date regarding any change in allergies and or medical needs concerning your child.

1. DETAILS

Full name:Date of Birth: Class:.....

I agree to my son/daughter taking part in visits/trips for 2016/17 and, having read the information sheet.

I agree to his/her participation in any/all of the activities involved. I acknowledge the need for good conduct and responsible behaviour on his/her part.

He/she is capable of swimming 25 metres unaided Yes/No (Delete as appropriate)

- 2. a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

b) I may be contacted by telephoning the following number(s):

Home:..... Work:

Mobile:

Name & address:

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c) Please state an alternative contact point:

Telephone No.

Name and address of contact

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d) Child health service details:

Medical card number:

Family doctor (name, address and telephone number:

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3. MEDICAL INFORMATION

Does your child suffer from any of the following conditions?

(Delete the YES or NO which does not apply)

Asthma	yes/no	Bronchitis	yes/no
Chest problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart trouble	yes/no	Migraine	yes/no
Raised blood pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please provide details:

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Does your child suffer from any other condition requiring medical treatment, including medication Yes/No

IF YES please provide details:

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Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food Yes/No

If YES please provide details:

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Has your child been immunised against the following diseases?

Poliomyelitis Yes/No Tetanus (lock jaw) Yes/No

If YES to tetanus, please give details if known

Is your child taking any form of medication on a regular basis? Yes/No

If YES, please give full details, indicating the type of medication and dosage:

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Please ensure that the school office is provided with adequate supplies of medication and dosage and that the relevant additional forms for these have been completed.

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? Yes/No

If YES, please give full details

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4. INSURANCE COVER

I understand that school visits are insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the school/organisation.

- ❖ I have read the attached information provided about the proposed educational visits/trips and insurance arrangements
- ❖ I consent to my child taking part in the visits and trips for 2016/17 and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities mention.
- ❖ I will note where and when the pupils are to be returned on the trip/visits and I understand that I am responsible for getting my child home safely from that place.
- ❖ I will inform the school office of any relevant changes in the emergency contact details for my child
- ❖ I am aware of the levels of insurance cover
- ❖ I will ensure that any change in the circumstances (e.g recent medication or injury) which will affect my Child's participation in any visits/trips will be notified to the school/organisation prior to the visit.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL/ORGANISATION.

Signature of Parent/Carer Date:

Name of Parent/Carer in block letters:

Address:

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