



Parental Consent Form 4

I agree to (name) (D.O.B) taking part in educational visits when required by the school. I agree to’s participation in activities and acknowledge the need for to behave responsibly.

Medical Information about your child.

A. Any conditions requiring medical treatment, including medication? **YES / NO**
(if YES please give brief details)

B. Is your son/daughter allergic to any medication? **YES / NO**
(if YES please give brief details)

C. When did your son/daughter 1st have a tetanus injection?

Contact telephone numbers:

Name: Tel No:

Home Address:

Alternative telephone numbers:

Name: Tel No:

Home Address:

Name of family doctor: Tel No:

Address:

Sensitive Information (Relevant to trips/visits/Out of College:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: Date:

Full name (capitals):

