



Highfields School, Matlock



Parental consent form and medical details for a school visit

1. Details of visit

Date/s Departure time Return time

Destination

Name of student Date of birth Tutor group

2. Payment (only to be completed if there is a charge for the visit)

I enclose: * Deposit of £..... * Full amount of £.....

3. Swimming (only to be completed if swimming or ability to swim is required)

Can your child swim? * Yes / No
Is your child water confident in a pool and safety conscious in water? * Yes / No
My child is in good health and I consider him/her fit to participate in swimming activities * Yes / No

4. Residential and overseas trips (only to be completed for residential/overseas trips)

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything recently that may be contagious or infectious? * Yes / No

If yes, please give details:

Please print your child's name as it appears on their passport:

.....

5. Contact details

Emergency contact name/telephone number(s):

.....

Alternative contact name/telephone number(s):

Other details (eg student's home address) will be taken from the school record. Please inform the school if there have been any changes.

6. Additional information

Dietary requirements

Other information/queries

.....

I hereby give permission for the student named above to attend this visit. I have read the information given and agree to my child's participation in the activities described. I acknowledge the need for my child to behave sensibly and follow instructions.

I give consent for my child to be photographed/videoed on this visit to promote the activity of the school. * Yes / No

Signed Print name

Relationship to student Date

Please see continuation sheet for medical details/approval - this must be attached or copied on reverse.

- All visits - list of staff and students to be left in school office.
- Overseas/residential/adventurous visits – visit leader to take form and give copy of form to emergency contact. Information to be transferred to attendee list.

* Please delete as appropriate

7. Medical information about your child

Does your child have any medical conditions or specific needs? *Yes / No
If yes, please give details below.

.....

Details of any medication your son/daughter is allergic to.

.....

Allergies not detailed elsewhere on consent/medical form

Non-prescribed medicines

I give consent for my child to be given **1 or 2** (please tick) x 500 mg paracetamol if required Yes / No*

Other non-prescribed medicines

Prescribed medicines

Name of drug or medicine to be given and any special storage instructions	When/how often? (eg lunchtime, after food, when wheezy, before exercise, 3 times a day)	How much? (eg half a teaspoon, 1 tablet, 2 drops)	Route (eg by mouth, in each ear)

I request that medication is administered in accordance with the above information. Please tick one or more below:

- My child
- can administer his/her own medication
 - requires supervision to administer his/her own medicine
 - requires assistance in administering his/her medicine

I undertake to supply the Visit Leader with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that, whilst my child is in the care of the school staff, the school staff will stand in the position of parent and that they may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I will inform the school as soon as possible of any changes in the medical details between now and the commencement of the journey.

I agree to my child 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.

Additional medical information/queries

Doctor's name/contact details

.....

Declaration – medical details

Signed Print name

Relationship to student Date

- All visits - list of staff and students to be left in school office.
- Overseas/residential/adventurous visits – visit leader to take form and give copy of form to emergency contact. Information to be transferred to attendee list.