

PARENTAL CONSENT AND MEDICAL FORM (OFF SITE ACTIVITIES)

To: The Parent or Carer

Please find attached to this form information regarding an off site activity which is planned from this school. Would you please examine that information and if you wish your child to attend please complete, sign and return this form to the person in charge of the activity as soon as possible.

School: PROSPECT SCHOOL

YEAR GROUP:

HOUSE:

Pupil: Name

MALE/FEMALE* (please delete)

Date of Birth

Address

Please provide TWO telephone numbers at which parents (or delegated named adult) can be contacted in case of emergencies:

.....

Please give details of any medical conditions that might possibly affect your child's performance or safety on this activity:

.....

Name of family doctor:

Telephone number and address of surgery

.....

STATEMENT

I acknowledge receipt of the information regarding the proposed visit/activity to

..... on and consent to my child, named above, participating.

I agree to members of staff giving permission for my child to receive medical treatment in an emergency.

I undertake to inform the teacher in charge of the activity in the event of changes in my child's fitness prior to the date of departure.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

Signed: Date:

Please indicate relationship to child:

Medication Consent Form

If your child has taken any medication prior to the trip, the trip organiser **must** be advised of the dosage taken and time the medication was administered.

Please can anyone suffering from travel sickness bring suitable tablets and take **before** the journey.

Please be aware that we are unable to give or administer **any** medication. However, the taking of medication will be monitored by the trip organiser.

All medications should be placed in a see-through plastic bag with your child's name clearly written on both the medication and the bag. This bag must then be handed to the trip organiser on the morning of departure.

Please ensure the following is clearly marked/noted:

1. Name of medication
2. Dosage
3. Regularity of dosage

I/We give permission for my child to self-administer regular medication for:

- Asthma
- Other (please specify).....
.....

I/We give permission for my child to self-administer:

- Pain relief medication
- Hay Fever medication
- Other (please specify).....

Your child's medication is for their **personal use only** and he/she **MUST** inform the trip organiser before the taking of any medication.

Any further information that you may feel useful for the trip organiser monitoring the self-administration:

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.....

Student Name: **TG:**

Signature: **Date:**

(Parent/Carer)