

PARENTAL CONSENT/EMERGENCY INFORMATION FORM

1. STUDENT'S SURNAME: FORENAME(S): FORM:

HOME ADDRESS:

..... HOME PHONE NO:.....

BUSINESS PHONE NO: MOBILE PHONE NO:.....

NEIGHBOUR/RELATIVE: CONTACT PHONE NO:.....

DATE OF BIRTH: / / PLACE OF BIRTH:.....

HEIGHT: cms. WEIGHT: kg. HAIR:(colour)

OTHER DISTINGUISHING MARKS:

IF THE CHILD WAS NOT BORN IN THIS COUNTRY, PLEASE STATE FATHER'S FULL NAME, PLACE & DATE OF BIRTH:

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2. In the interests of legality, safety and the school's reputation in matters of propriety, any student who attempts to consume alcohol, to smoke or to engage in the abuse of other substances may be sent home at their parents' expense to await a full investigation by the school which could result in serious disciplinary action. Parents/Carers are asked to sign the bottom of the form, to signify your acceptance of these conditions and your willingness to impress upon your children the consequences of not complying with these rules.

3. DECLARATION:

- a) I consent to my son/daughter (full name) taking part in the above-mentioned journey. I have read the information sheets concerning the journey and agree to his/her taking part in any or all of the activities described. My son/daughter is in good health and I consider him/her capable of taking part.
- b) I understand that whilst the teachers in charge of the party will take all reasonable care they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter while on the school journey.
- c) I understand that the teacher in charge of the party will act in Law as parent to my son/daughter during the school journey and will have the rights and responsibilities of any prudent parent.
- d) I understand that wherever possible my consent will be obtained to any necessary medical treatment, but that in any emergency, prompt action may be required. I therefore authorise the teacher in charge of the party to consent to any medical treatment for my child which a qualified medical practitioner deems necessary. This consent may also be given in the absence of the party leader by any other teacher with the party or the Director of the Centre. **N.B.** Medical treatment includes inoculations, blood transfusions, surgery or the use of anaesthetics.

Signed: (Parent/Carer) Date:

ANY INFORMATION GIVEN ON THIS FORM WILL NOT NECESSARILY PREJUDICE THE INCLUSION OF YOUR CHILD ON THE TRIP. IT IS ESSENTIAL THAT THIS FORM IS COMPLETED ACCURATELY IN THE INTEREST OF YOUR CHILD'S SAFETY. AT THE CONCLUSION OF THE TRIP, ALL FORMS WILL BE DESTROYED. UNTIL THEN ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL BY THE PARTY LEADER.

MEDICAL INFORMATION

a) CHILD'S N.H.S. CARD NO:
HIS/HER FAMILY DOCTOR PHOTO
DOCTOR'S ADDRESS
.....
DOCTOR'S TELEPHONE NO:

b) DOES YOUR CHILD FOLLOW ANY SPECIAL DIET? IF SO, PLEASE GIVE DETAILS
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c) HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING? PLEASE DELETE AS APPLICABLE

- ASTHMA OR BRONCHITIS YES/NO
- HEART CONDITION YES/NO
- FITS/FAINTING/BLACKOUT/NOSE BLEEDS YES/NO
- SEVERE HEADACHES OR MIGRAINE YES/NO
- ANXIETY OR DEPRESSIVE TENDENCIES YES/NO
- DIABETES (Sugar tolerance abnormalities) YES/NO
- ALLERGIES TO ANY KNOWN DRUGS YES/NO
- ANY OTHER ALLERGIES (material/food/medicine) YES/NO
- OTHER ILLNESS OR DISABILITY NOT NAMED HEREIN YES/NO
- FEMALES: MENSTRUAL OR OTHER GYNAECOLOGICAL DISORDERS YES/NO

If the answer to any of the above is YES, please give details below and state whether (and what form of) medication will be taken on the trip.

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c) Do you consent to your child being given Paracetamol if deemed necessary by the teacher in charge? YES/NO

d) IMMUNISATION STATUS

Is your child currently vaccinated against Tetanus YES/NO

DATE OF INJECTION: DATE OF BOOSTER:

Please note here any other vaccinations relevant to the journey that your child has received and the exact date(s) of the vaccination(s).

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OTHER USEFUL INFORMATION

PARENTS'/CARERS' ADDRESS (IF DIFFERENT FROM [1] OVERLEAF) DURING ALL OR PART OF THE TIME YOUR CHILD IS ON THE JOURNEY:

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DATES: FROM TO TEL NO

Please write here any further information which you feel may be of assistance to the staff in charge of the party, including any recent events which might cause worry.

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