

CONSENT / HEALTH INFORMATION FORM FOR EDUCATIONAL VISITS



MOULSHAM HIGH SCHOOL
Specialising in English and Humanities
Headteacher – Mr. M. Farmer

Parent or Guardian for the young person participating please complete both sides of this form. Please answer the following questions as fully as possible – in the event of your child requiring emergency treatment this will help the medical authorities to decide the most appropriate treatment.

Activity/Visit Location

Date

Activity/Visit Leader

(Please complete in BLOCK CAPITALS)

Student's Full Name

Form

Date of Birth

Method of Payment <i>(please tick as appropriate)</i>	Cash/cheque enclosed	Parent Pay
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Date:
Receipt No:

Parent/Guardian's Address During the Activity/Visit

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Telephone

Family Doctor's Name and Address

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Telephone

Alternative contact *(for Emergency use only)* Name: Tel. No:

I hereby give permission for my child to attend the aforementioned Activity/Visit.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Activity/Visit leaders named above (or in their absence one of the other members of staff), to sign any document required by the hospital authorities. *[Delete if consent not given]*

I will inform the Activity/Visit Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Carer

Relationship to Young Person

Signature

Date

Special Dietary Requirements/Arrangements

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ADDITIONAL CONSENT (required when pupils will be involved in physical activities e.g. swimming, canoeing, climbing, skiing etc.)

I consent to my son/daughter taking part in the activities of the visit, which have been explained to me.

Signed (Parent/Carer) Date

EXCHANGE ACTIVITIES (required when pupils take part in an exchange visit, staying with host families)

I acknowledge that while my child is staying with the host family, he/she may be involved in visits and activities, arranged by the hosts, of which the organiser/teacher has no knowledge and of which he/she has not control and therefore the organiser/teacher will have no responsibility.

Signed (Parent/Carer) Date

PARACETAMOL – RESIDENTIAL VISITS ONLY. The School will oversee self -administration of paracetamol to pupils suffering from discomfort (e.g. toothache, period pains etc.) Please tick this box if you give permission for the school to oversee self -administration of paracetamol by your child (named overleaf)

In the space below please give details of the following (***even if you have already informed the school in the past***):-

1. Any known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)

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2. Any known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

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3. Where unavoidable the School is willing to oversee the self-administration of prescribed and non-prescription medication during the visit. Please enter below details of any Medicines/Treatments currently being taken/followed (including dosage details), together with the name of the Specialist and Hospital concerned if appropriate. ***If your son/daughter has to take any medicines, the bottle(s), jar(s) or other items should be clearly labelled with his/her name, and the exact dosages, and should be handed to the Activity/Visit Leader/First Aider before departure.***

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Signed (Parent/Carer)..... Date

Please continue on a separate sheet if required [*remember to include your child's name on any separate sheets*] and attach securely to this form.

If you have included medical information that has not been previously disclosed please tick this box so your child's medical records can be updated