

Name :..... Form:.....

CARRE'S GRAMMAR SCHOOL/ KESTEVEN AND GRANTHAM GIRLS' SCHOOL

Parental Consent Form for Spanish Exchange 13-20 October 2013

- To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last 4 weeks that may be contagious or infectious?

Yes/No

If **Yes**, please give brief details:

- Is your son/daughter allergic to anything/ any medication?

Yes/No

If **Yes**, please give details:

- When did your son/daughter last have a tetanus injection?

Family Doctor

Name:

Address:

Tel. No:

Declaration:

I agree to(Name of Child) taking part in this trip and I acknowledge the need for him/her to behave responsibly.

I also agree to him/her receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities present.

Should it be required, I hereby give permission to staff responsible on this visit to administer to my child:

Paracetamol

Travel Sickness tablets

Cold remedies

Signed.....Date.....