

ST GEORGE'S JUNIOR SCHOOL
Year Five Trip 1 to France 24– 26 March 2014

CONFIDENTIAL MEDICAL CONSENT FORM for _____
(Name of your child in BLOCK CAPITALS)

Your child's date of birth		
Parent address including postcode		
DaytimePhone:	Evening Phone:	Mobile Phone:

Medical History

NHS Medical Number (if known)		
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Asthma	Yes / No	If Yes to Asthma, specify type of inhaler	
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Tetanus injection	Yes / No	If Yes to Tetanus injection, specify date it was given	
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Epipen required	Yes/ No	Will the Epipen be provided by you?	Yes/No
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Expiry date of Epipen if it is to be provided by you	
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Known allergies (Please name)			
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Other medical information

Name of GP (in BLOCK CAPITALS)		Address of GP	
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Phone Number of GP's Surgery	
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Will your child be covered by a Private Health Insurance Scheme?	Yes / No	If Yes , name of Company Policy number	
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PLEASE TURN OVER TO COMPLETE THIS FORM

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<p>Any other useful information which might help a doctor in the case of an emergency.</p> <p>If you need more space, please attach a sheet to this document</p>	
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Is your child a vegetarian?	Yes / No
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<p>Please specify any special dietary requirements for the trip</p> <p>If you need more space, please attach a sheet to this document</p>	
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Medical consent

<p>I give permission for the designated First Aider to authorise any medical treatment including any general anaesthetics and/or surgical interventions during the above mentioned trip for the person named above.</p> <p>I also give permission for the accompanying staff to act in loco parentis for my child during the trip, and for the designated First Aider to administer any medicines provided by me. This includes travel sickness tablets provided by me. I also give permission for the designated First Aider to administer Calpol if it is deemed necessary.</p>

Name of parent authorising permission and giving consent (BLOCK CAPITALS)	
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Relationship of parent authorising permission and giving consent	
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Name of emergency contact person in UK (BLOCK CAPITALS)	
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Signature of parent authorising permission and giving consent	
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Relationship with child (Mother, Father, Guardian...)	
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Date	
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