

EDUCATIONAL VISIT MEDICAL CONSENT FORM 2011 – 12

This form will be used whenever your son/daughter participates in a school visit, although additional information may be sought for some visits, especially residential visits or those involving foreign travel.

Name of student:	Tutor Group:
Home address and telephone number:	
Doctor's surgery name, address and telephone number:	
Does your son/daughter suffer from any conditions which require medical treatment or medication?	
If YES, please give details:	YES / NO
Is your son/daughter allergic to any medication?	
If YES, please give details:	YES / NO
Please outline any special dietary requirements of your son/daughter:	
May paracetamol be given to your son/daughter for pain/flu relief if necessary?	
	YES / NO
When did your son/daughter last have a tetanus injection?	
Is there anything else you think we should know?	
<i>Please continue overleaf if required.</i>	
DECLARATION – I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that insurance will be arranged for every school visit and can ask for details of this at any time. I undertake to inform the party leader of a visit of any changes to medical or contact information.	
Signed by Next of Kin _____ Date _____	
Name in Block capitals _____	