

Parental Consent & Medical Form for school trips and other off-site activities



Student Name: _____

Form: _____

Please sign and date the form below if you are happy for your child

- a) To take part in school trips and other activities that take place off school premises and
- b) To be given first aid or urgent/non-urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - all visits (including residential trips) which take place during the school day, evenings, holidays or a weekend
- The school will send you information about each trip or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.

Declaration 1

I agree to my son / daughter participating in school trips.

Signed: _____

Date: _____

Medical conditions and medications

Each trip you will be asked to provide an emergency contact name and number for that trip. You will also be asked to provide details of any medication that is required over the duration of the trip. If there is any change in medical circumstances it is important that school is informed.

Declaration 2

I request that any medication be given in accordance with the supplied information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this medication to be given during educational visits and other out of school activities. I will undertake to supply the school with the medicines in their original labelled containers provided by the dispensing pharmacist prior to any visit taking place.

Signed: _____

Date: _____

Declaration 3

I will inform the Group Leader as soon as possible of any changes in the medical or emergency contact information held by the school, or other circumstances between completion of the reply slip for that trip and the commencement of any journey. I confirm that my son/daughter is fit enough to participate in school trips. I understand that I will be given an information sheet about activities my son/daughter will be involved in and I may tell the school that I do not wish my child to participate in an activity.

Signed: _____

Date: _____

Declaration 4

Whilst on a school activity, I agree to my son/daughter receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: _____

Date: _____