

MEDICAL CONSENT FORM

Please complete this form giving all relevant details. It will be referred to every time the pupil participates in either an offsite visit within the school day or a local evening visit. You will be given written information concerning every proposed educational visit for your son/daughter and asked to sign a separate short permission form in each case.

THIS FORM WILL BE KEPT IN THE SCHOOL OFFICE AND A COPY WILL BE TAKEN BY THE PARTY LEADER ON ANY EDUCATIONAL VISIT

Name of Pupil:		Date of Birth:	
Year and Class:		Pupil's mobile no:	
Home address:		Home telephone:	
		Work telephone:	
		Mobile telephone:	
		Parent Email:	

Who would you like us to contact in the event of an emergency:

Name & Relationship:	1.	2.
Address:		
Tel. numbers:		

Medical information concerning pupil:

a	Does the pupil have any special dietary requirements?	If YES, please state here:	
b	Has the pupil suffered from any of the following?	IF YES, please state details below (if relevant):	
	Asthma	YES/NO	
	Fits, fainting or blackouts	YES/NO	
	Severe allergic reaction requiring an Epipen	YES/NO	
	Diabetes	YES/NO	
	Other	YES/NO	
c	Is the pupil currently vaccinated against tetanus?	YES/NO	If yes, please state date of last vaccination

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d	Is the pupil receiving any medical or surgical treatment from your family Doctor or hospital and/or has he/she been given specific advise to follow in emergencies:-	YES/NO	If yes, please give details here and Doctors letter of confirmation stating that your son/daughter is fit to travel:
e	Does the pupil require regular medication(s):	YES/NO	If yes please complete the attached medication consent form:
F	Do you consent to your son/daughter being given Paracetamol if required, both in school and on educational trips	YES/NO	If no, please advise of your decision:
G	Name & address of GP surgery		

Transport - I consent to the pupil travelling by any form of public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorized by law and duly insured to drive.

Accident/Illness - I consent to the pupil receiving medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

Remotely supervised time - I consent to the pupil having remotely supervised time in the daytime in a group of pupils with the prior permission of the party leader

Personal effects of the pupil - I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the Academy responsible for losses unless caused by the negligence of the Academy.

Insurance - I understand the extent and limitations of the insurance cover provided, and know of no information that may affect the insurance.

Signature of parents/guardians

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested. I have read and understood and I consent to the matters set out above and overleaf.

I agree to inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey.

I confirm that my child has taken paracetamol before with no adverse effects. I understand that it will only be given during the academy lunch break and further verbal permission will be required outside of these times.

Signed: Print name:

Relationship to pupil: Date:

I the above named pupil promise to observe the pupil code of conduct for visits. I will do my best to ensure the safety of myself and other members of any party. I will obey the laws of the Country. I will at all times act with courtesy and consideration for others and do my best to uphold the reputation of Shoreham Academy.

Signed by the pupil: Date