



Eggar's School

A SPECIALIST SCIENCE COLLEGE WITH MATHEMATICS

OVERSEAS & RESIDENTIAL

EDUCATIONAL VISIT & CONSENT FORM

(INCLUDING MEDICAL INFORMATION)

PERSONAL DETAILS					
Child's Name:					
Date of Birth			Age		
Address including postcode:					
Name of next of kin:					
Address of next of kin during the activity (if different from above):					
Home Tel No:					
Work Tel No:					
Mobile:					
MEDICAL INFORMATION					
Name and address of child's doctor:					
Telephone number:			NHS number:		
Has the participant had any of the following? Please delete as appropriate					
Asthma or bronchitis	Yes	No	Allergies to any medication	Yes	No
Heart Condition	Yes	No	Any other allergies eg material. Food, plaster	Yes	No
Fits, fainting or blackout	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

Please turn over

If the answer to any of the above questions is Yes please give details:

If it is considered necessary do you agree to mild painkillers (eg paracetamol)?	Yes	No
Has the participant received vaccination against Tetanus in the last 10 years?	Yes	No
Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital?	Yes	No
Has the participant been given specific medical advice to follow in emergencies?	Yes	No

If the answer to either of the last two questions is Yes please give details here (including name and dosage of any medicines/tablets):

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader

CONSENT FOR THE VISIT OR VENTURE

Venue name:

Date of visit:

I confirm I have parental responsibility for _____.

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter dated _____.

I understand if my son/daughter has any medical conditions i.e. allergies, asthma, diabetes, they **MUST** carry their medication and will be asked to show it to the Trip Leader before departure. I understand he/she will not be able to go on the trip without their medication.

I acknowledge receipt of a copy of the insurance synopsis. I consent to any necessary medical treatment, which might include the use of anaesthetics.

PLEASE PRINT NAME HERE:

DATE: