

SHOTTERMILL JUNIOR SCHOOL  
PUPIL VISIT CONSENT AND MEDICAL FORM



Residential visit to **Brenscombe Outdoor Activities Centre, 10<sup>th</sup> – 14<sup>th</sup> June 2019**

I wish my son/daughter..... in class..... to be allowed to take part in the above-mentioned residential school visit and, having read the accompanying information, I agree to him/her taking part in all of the activities described. **I will alert the Group Leaders if for any reason, my child is unable to undertake any activity listed in the itinerary before departure.**

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, whilst the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during the duration of the visit.

**Please complete or delete the following, as appropriate:**

a) My child's date of birth..... Country of birth .....

b) He/she has no illness or physical disability

c) He/she has the following illness, allergy, medical condition or physical disability: Asthma / Diabetes / Epilepsy / Anaphylaxis / Eczema / Other

If 'Other', please state): .....

d) He/she is allergic to plasters / nuts / Penicillin

e) He/she has other allergies which necessitate the following medical treatment:

.....

Any medications taken **including travel sickness medication** (please state specific information on dose required / time intervals for medication to be administered):

.....

.....

.....

Any special dietary requirements including food allergies / vegetarian requirements:

.....

.....

Date of last tetanus injection: .....

Any special actions/requirements: .....

In the event of an emergency I consent to a blood transfusion for my child: **YES/NO**

To the best of my knowledge my child has not been in contact with contagious or infectious diseases: **YES/NO**

Doctor's Name: ..... Child's NHS Number: .....

Surgery Name and Telephone No: .....

**I consent to any emergency medical treatment necessary during the course of the visit:**

I understand that steps will be taken to inform me immediately should any accident or emergency happen. I authorise Mrs Barnes (or any member of Shottermill or Brenscombe staff) to give permission for medical treatment to be administered as required.

Name of parent to be contacted in an emergency:.....

Address .....

Daytime Telephone No: ..... Evening Telephone No: .....

**If you may not be available at any point during the visit, please state an alternative contact name and number:**

Name of emergency contact: ..... Relationship to child: .....

It is the practice while away for the staff to administer mild analgesics e.g. Paracetamol or Piriton to children when required. If you do not wish your child to receive any medication except through a doctor, please indicate below.

\* I am happy/not happy for my child to receive mild analgesics.

Please state action to be taken in this instance:

.....

**If any of the details completed on this form changes, please inform the School Office immediately.**

Thank you for your assistance.

Signed: ..... (Parent/guardian)

Print name: ..... (Parent/guardian)

Date .....

*The information provided on this form will be used solely for the purpose of the trip and will be kept confidential at all times. Please note that we may pass personal information about pupils (such as their names, medical needs / allergies) to the staff at Brenscombe in order to fully safeguard all participants involved. All forms will be disposed of securely after the trip has finished.*