

Kilve Court Consent and Medical Form

This form must be completed and returned to the school office who will pass onto the teacher in charge of the visit or trip.

Parental Consent:

Student First Name		Student Family Name:	
Date of Birth		Class:	
Trip / Visit to	Kilve Court		
Date(s) From	Mon 13 th September 2021	To	Wednesday 15 th September 2021
<i>I agree to my son/daughter taking part in the above mentioned Trip / Visit</i>	Parent or Guardian's signature		

Student Contact Details

Home address			
Contact telephone numbers (for the duration of the trip)			
Name		Home	
Mobile		Work	
Emergency contact	Relationship to student :		
Address			
Name		Home	
Mobile		Work	

Medical Information

Name of doctor		Tel no	
Address of surgery			

Please mark with X if appropriate :

My child does not suffer from any medical condition requiring regular treatment.	
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My child suffers from: (Please include travel sickness and treatments.)			
My child has been prescribed the following medication	Name of medication	Dose	Frequency

NB: Please ensure you include information relevant to night-time needs

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following:	Allergic to	Type of reaction

Please delete as appropriate

I would like to discuss my child's medical condition.	YES NO
I am willing for my child to be given Calpol by staff.	YES NO

Any medication required should be given to Mrs. Lewis, in a plastic bag, a week before the trip, clearly marked (in its prescription container if applicable) with name and full instructions for use.

For inhalers please ensure that they are full and a spare is also sent. The cabin/ group leader will keep one and the spares will be held by Mrs. Lewis for central storage.

Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies	(please give details)	YES NO

Additional Information

Please include any additional information as required e.g. bedtime concerns (please give details)

Declaration by Parent/Guardian

1. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
2. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print Name			