



OUNDL E

School

Educational Visits

Parental/Guardian Consent and Medical Information

The form refers to a specific visit not classified as a routine part of the curriculum. It should be completed by the parent/guardian, signed, and returned to the School.

1. Details of Visit

PHYSICS DEPARTMENT TRIP TO ALTON TOWERS– Investigating Forces

From 5th October 2008 8.30am, to 5th October 2008 6.30pm

I agree to my son / daughter / ward

Full name House

taking part in the above stated visit and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part.

2. Emergency details

a) In the event of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

b) I may be contacted by

Telephone: Home (full number)Work (full number)

Mobile Phone (Father) Mobile Phone (Mother)

E-mail

My home address is

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Please state an alternative contact point: Telephone number

Name and address of contact

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3. Medical Information

Please delete as appropriate:

a) Does your child suffer from any of the following conditions?

Asthma	YES / NO	Bronchitis	YES / NO
Chest problems	YES / NO	Diabetes	YES / NO
Epilepsy	YES / NO	Fainting attacks	YES / NO
Heart trouble	YES / NO	Migraine	YES / NO
Raised blood pressure	YES / NO	Tuberculosis	YES / NO

If the answer is YES to any of the above please provide details:

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b) Does your child suffer from any other condition requiring medical treatment, including medication? YES / NO

If YES please provide full details:

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c) Is your child allergic or sensitive to any medication, insect bites or food? YES / NO

If YES, please provide full details:

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d) Has your child been immunised against the following diseases?

Poliomyelitis	YES / NO
Tetanus	YES / NO

If YES to tetanus, please give date if known

e) Does your child suffer from any phobias? YES / NO

If YES please give brief details:

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Oundle School

f) Is your child taking any form of medication on a regular basis? YES / NO

If YES , please give full details, including the type of medication and dosage:

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g) Pain/flu relief medication to be given to your child if necessary:

Medication may be given containing

Medication may **NOT** be given containing

Please ensure that your child has adequate supplies of medication with him/her during the visit.

h) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?

If YES, please give full details:

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i) Does your child have any specific dietary requirements?

If YES, please give full details:

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4. Insurance Cover

I understand that for all trips the school has in place insurance which provides up to £2,500,000 of medical cover and related expenses and which also provides a limited level of personal “no fault” compensation in the event of an accident. I also understand that the school is insured in respect of its legal liabilities (third party and public liability).

[Parents will be familiar with the Holmwoods personal accident cover, which provides for a range of compensatory payments in the event of a permanent loss or disability and which has been made available to all parents. If it has been taken up by parents this is an insurance contract between the insurer and the parent].

I also understand that any extension of insurance cover is my responsibility unless advised differently, in writing, by the School.

5. Declaration

- I have read the attached information provided about the proposed educational visit and the insurance arrangements.
- I consent to my childtaking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities mentioned.
- (DAY PUPILS ONLY) I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I am aware of the levels of insurance cover.
- I have completed the required medical form and return it with this consent form.
- I give my permission for members of staff accompanying the visit to give my child medicine for pain/flu relief, such as paracetamol or ibuprofen (as indicated above), if deemed necessary at the time.
- I will ensure that any change in the circumstances that will affect my child's participation in the visit will be notified to the School prior to the visit.

Signature of parent/guardian

Name (in block letters)

Address

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Date

Form amended 20th February 2007