

School Excursion – Consent Form and Medical Details

Details of Trip:

Pupil's Name: Date of birth:

I accept the school's offer to take my son/daughter on the above trip and agree to reimburse the school for any costs and expenses reasonably incurred by the school on his/her behalf during, or as a result of the trip.

Pupil's known allergies & dietary requirements:

Tetanus injection details: date: or has one been given in the last ten years
Yes/No (delete as appropriate)

Details of any previous or existing medical condition:

Details of medication currently being taken:

Details of any medication being taken on the trip – including prescribing details:

NB All medicines must be clearly labelled and handed in to the trip leader for administering. Only asthma inhalers and EpiPens may be carried by the pupils themselves.

Consent for the administration of paracetamol by the school staff should the need arise.

Signed by parent/guardian:

Declaration - I agree to my son/daughter receiving medication, emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed by parent/guardian: Date:

Contact telephone number for parent/guardian (24 hours/day) during trip:

Number 1: Number 2:

Signed: Date:

Parent/guardian name (please print):

It is the responsibility of the parent/guardian to inform the trip leader of any changes which may occur with regard to the information given above prior to the date of departure.

This form should be returned to: **Staff Secretaries Office**