



# MILLTHORPE SCHOOL - PARENTAL CONSENT FORM

Name of Pupil: .....

Address:.....

Name & Contact Tel. No. of Parent/Carer: .....

Alternative Emergency Contact Name & Tel. No: .....

## **1. Details of Visit**

Date(s) of Visit:	
Visit to:	

## **2. Medical Information**

a) Does your child have any conditions requiring medical treatment or medication? **YES / NO**

If **YES**, please specify condition, any treatment, medication and dosage: .....

.....

b) Is your child allergic to any medication, foodstuffs, wasp stings, etc? ..... **YES / NO**

If **YES**, please specify: .....

c) Please give details of any other medical information that we should know about:

.....

d) Name of family doctor: ..... Tel. No: .....

e) Special dietary requirements (residential visits only): .....

## **3. Declaration**

- *I have read the information sheet giving details of the above visit and wish my child to be allowed to join the party for the visit and to take part in all activities.*
- *I consent to my child being given any necessary emergency medical treatment during the course of the visit.*
- *I consent to my child being returned to the care of a member of staff of Millthorpe School following any medical treatment.*
- *I consent to staff administering prescription medication required by my child (details above).*
- *I consent to staff administering pain relief medication to my child where appropriate (e.g. Paracetamol).*
- *I will advise the Trip Organiser of any change in medical or other circumstances between now and the commencement of the visit.*
- *I acknowledge the need for my child to behave responsibly.*

Signature of Parent/Carer: ..... Date: .....

**THIS FORM, OR A COPY, MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.  
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**