

# CONSENT AND MEDICAL FORM

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW – return to Mr Ritchie via Main Reception**



**NAME OF STUDENT:.....TRIP: Yr 10 Geography Residential Field Trip 25 & 26 March 2022**

I confirm that I am the person who has parental responsibility for the student named above. I have read the information relating to the trip, and my son/daughter is aware of the details. I believe that he/she is fit to take part in the activities and have declared any relevant dietary requirements and medical details on the form below.

I give consent for the staff to seek medical advice should illness or an accident occur. If a surgical operation or injection becomes necessary, I authorise the teacher in charge to sign on my behalf any written consent to operate, as advised by the medical authorities. I also consent to my son/daughter being administered a non-prescription painkiller by a member of staff if he/she requests.

I agree to my son/daughter taking part in any or all of the activities described in the information.

I understand that if the party leader considers the behaviour of my son/daughter to be unsatisfactory or could in any way jeopardise his/her own safety or that of others, that he/she will be excluded from activities or, in the extreme, be asked to return home early at my expense.

I understand that it is vital for all pupils to obey, without question, the instructions of the staff.

I understand that while the school staff in charge of the party will take all reasonable care of the students they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter which occurs as a result of the school trip.

**Medical Detail: please note that all of this information is essential.**

Fill in below where the person legally responsible for the student will be contactable during the time of the trip:

**Name:** ..... **Telephone Number:** .....  
(Please print name)

**Current Address:** .....

**Doctor's Name & Address:** .....

**Doctor's Telephone Number:** .....

**Date of last tetanus injection:** .....

**Any known allergies/dietary requirements:** .....

**Prescribed medication to be taken:** .....

**Please indicate any medical conditions below. Please include all relevant information (if you are not sure, please tell us anyway):**

.....  
.....

**Signed:** ..... **Date:** .....

**Please print name:**