

PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM**N.B. ALL SECTIONS OF THE FORM SHOULD BE COMPLETED BY THE PARENT/CARER**School/Organisation: **West Kirby Grammar School****1. Details of Journey**

Journey/visit to: _____

From: _____ Date/Time: _____ To: _____ Date/Time

I agree to my daughter/son/ward

Full Name: _____ Date of Birth: _____ Form: _____

Address: _____

taking part in activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. Medical InformationCross out the 'YES' or 'NO' which does NOT apply.**a)** Does your daughter/son/ward suffer from any of the following conditions?

Asthma	YES/NO	Bronchitis	YES/NO
Chest Trouble	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 YES, please give full details: _____

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

If YES, please give full details: _____

c) To the best of your knowledge, has your daughter/son/ward been in contact with any contagious or infectious diseases, or suffered from anything recently, that may become infectious or contagious? YES/NO**d)** Is your daughter/son/ward allergic to any medication, insect bites, food etc? YES/NO**e)** Is your daughter/son/ward taking any form of medication on a regular basis? YES/NOIf YES to **c), d) or e)** please give details: _____**f)** Has your daughter/son/ward received a tetanus injection in the last 3 years? YES/NO

Has your daughter/son/ward any special dietary requirements? YES/NO

If YES, please give details: _____

3. **Swimming**

Is your daughter/son/ward able to swim?

If YES, comment upon your child's swimming ability.

YES/NO

4. **Emergency Contacts (including family doctor)**

I may be contacted by telephoning the following numbers

Work: _____ Home: _____

My home address is: _____

If not available at the above, please contact:

Name: _____ Tel. No: _____

Address: _____

Name of family doctor: _____ Tel. No: _____

5. **Declaration**

I understand that the teacher in charge of the group will be acting in 'loco parentis' and in the event of an accident I agree to my daughter/son/ward receiving emergency dental, medical or surgical treatment which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present.

I undertake to inform the organiser as soon as possible of any change in the medical circumstances of my daughter/son/ward between the date on which I completed this form and the commencement of the activity.

I understand the extent and limitations of the insurance cover provided, and that the School is insured in respect of its legal liabilities only, and that there is very limited personal accident or other cover.

Parent/Carer Signature: _____

Date: _____

This form, or a copy, must be taken by the leader on the activity. A copy should be retained by the emergency contact teacher at the school.