

**Parent's Consent Form for Residential, Overseas and Hazardous Off-site Activities**

**This form should be completed by a Parent/Carer only**

**Trip to:**..... **Date:**.....

- I wish my daughter: ..... to be allowed to take part in the above-mentioned school journey and, having read the information sheet (sent out when my daughter signed up for the trip), agree to her taking part in all the activities described.
- I have ensured that my daughter understands that it is important for her safety and the safety of the group that any rules and instructions given by the staff in charge are obeyed.
- I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the students, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my daughter arising during or out of the journey.

**I consent to any emergency medical treatment necessary during the course of the visit, including anaesthesia and blood transfusions.**

**Signed:** ..... Parent/Carer

Name, Address and Telephone Number of **Family Doctor**:

.....  
.....

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**EMERGENCY CONTACT NUMBERS:**

Please indicate below telephone numbers with appropriate times at which a parent or carer can be contacted in case of emergency or change in planned return time. Continue overleaf if necessary.

Name of Parent / Carer / alternative contact (please state relationship)	Telephone Number (with area code)	When contactable at this number (please state dates and times)

**I agree/do not agree to my phone number being included in a 'phone web', if used.**

(Delete as applicable)

**Is your daughter vegetarian or vegan?**

Yes/No

**Does your daughter have any food allergies?**

Yes/No

**If yes, please give details below. (e.g. Vegetarian, but eats fish. No red meat, allergic to egg, etc)**

## Pupil Medical and Other Information for Off-site Activities

Student's Full Name: ..... Form: .....

Date of birth: .....

Parent's Name: .....

Home Address: .....

Telephone: ..... Pupil's Mobile Number: .....

### **Has your daughter any of the following?**

**Tick box as appropriate.**

Asthma	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>
Absence seizures/Epilepsy	<input type="checkbox"/>
Headaches	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Allergies to any known drug or medication	<input type="checkbox"/>
Any other allergies e.g. material, food (e.g. nuts), insect bites etc.	<input type="checkbox"/>
Any other illness or disability	<input type="checkbox"/>
Any recent contact with contagious diseases and infections	<input type="checkbox"/>
Period Pains	<input type="checkbox"/>
Travel sickness	<input type="checkbox"/>
Panic attacks/anxiety	<input type="checkbox"/>
Any injury/condition that hinders walking	<input type="checkbox"/>
Any other condition (continue in space provided below)	<input type="checkbox"/>
Has your daughter been vaccinated against Tetanus in the last ten years?	<input type="checkbox"/>
Is your daughter receiving medical treatment of any kind from either your Family Doctor or Hospital?	<input type="checkbox"/>
Has your daughter been given specific medical advice to follow in emergencies?	<input type="checkbox"/>
Do you give permission for your daughter to be given paracetamol?	<input type="checkbox"/>
Do you give permission for your daughter to be given Piriton/antihistamine tablets during the trip and confirm that she has no adverse reaction to either medicine?	<input type="checkbox"/>
Do you give permission for your daughter to be given Kwells travel sickness tablets during the trip and confirm you have administered this brand of medication in the past without adverse effect?	<input type="checkbox"/>
Do you give permission for your daughter to be given a plaster if she has a minor cut graze during the trip?	<input type="checkbox"/>
Do you give permission for your daughter to be photographed during the visit? (Photos could be used in the classroom, presentations at school events, on the Davison website, in the local press.)	<input type="checkbox"/>

Please use the space below to give details of any illnesses or medication mentioned above.  
Continue overleaf if necessary.

Please check that you have not left out any information that staff caring for your daughter should know, no matter how trivial it may seem. Please inform the Party Leader of any changes that occur prior to the trip.  
I / We will inform the Party Leader in writing of any medication that my / our daughter has taken the morning of the trip, including steroid inhalers and the approximate time given (except for asthma inhalers and regular medicines that have been mentioned above.)

SIGNED: ..... DATE: .....  
Parent/Carer