

Parental Consent for off-site activities – complete and return by **Friday 6th March 2020**

Please complete and return the form below. It relates to the forthcoming journey and activity for which you have already received details of. This form gives permission for your child to take part in the activities. Please read and complete **all information** carefully before returning. If you have any questions, see your child's class teacher.

Child's Name: _____

School	Montpelier Primary School
Visit or Activity	'Astronights' Residential Trip to London
Dates:	Friday 17 th April – Saturday 18 th April

Please circle answers and sign below:

1. I would like my son/daughter to take part in the above mentioned visit or activity and have read the information provided agree to him/her taking part in any or all of the activities described.
Yes/No
2. I consent to any emergency medical treatment required by my child during the course of the visit.
Yes/No
3. I confirm that my child is in good health and I consider him/her fit to participate
Yes/No
4. I consent to my child being given Calpol under loco parentis if it is deemed necessary by school staff. If this is deemed necessary, you will be informed of this on return from the trip by your child's group leader.
Yes/No

Signature of parent/guardian: _____

Date : _____

Student medical information

Name:	
Date of Birth:	
Address:	

Contacts

Next of kin:

Parent/guardian name:	
Address (if different from above):	
Telephone	
Mobile	

Alternative emergency contact if above not available:

Name:	
Relationship:	
Address (if different from above):	
Telephone	
Mobile	

Specific dietary requirements/needs or issues:

Have you/your child ever had any of the following?

Asthma or Bronchitis	Yes/No
Heart condition	Yes/No
Fits, fainting or blackouts	Yes/No
Severe headaches or migraine	Yes/No
Diabetes (sugar tolerance abnormalities)	Yes/No
Allergies to any known drugs	Yes/No
Any other allergies e.g. material, food, medicine	Yes/No
Other illness or disability not name here	Yes/No
Is your child's Tetanus Vaccination up to date?	Yes/No

If the answer to any of the above is yes, please give details:

Is your child receiving medical or surgical treatment from your hospital or family doctor? Yes/No

If yes, please give details:

Have you/your child been given any specific advice to follow in an emergency? Yes/No

If yes, please give details:

Does your child suffer from travel sickness? Yes/No

If yes, please give details:

Any further information that may be of assistance eg. bed wetting, sleep walking etc.

Instructions for Administration of Medicines

The top section **must be filled in by ALL parents** regardless of whether your child requires additional medication or not.

Child's name:	
Name of GP:	
Address of GP:	
Telephone number of GP:	
Signature of parent:	
Today's date:	

Additional information if your child requires medication

Name of medication:	
Reason for medication:	
Dose or doses:	
Time of day to be given:	
Is your child able to self-administer?	Yes/No

Any medication additional to that held in school (ie: inhalers, epipens) will need to be handed in by Wednesday 15th April 2020. If you do not have enough of a regular medication to hand in at this time, it will need to be handed to your child's group leader before they board the coach.