



ST MICHAEL & ALL ANGELS C. E. (FOUNDATION) PRIMARY AND PRE-SCHOOL

INGLEBOROUGH HALL PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM

1. DATES OF VISIT - Wednesday 22nd – Friday 24th May 2024

Child's full name: DOB: Year: 6

I agree to my son/daughter/ward taking part in the above stated visit and having read the information sheet, agreed to his/her participation in any or/all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part.

2. EMERGENCY DETAILS AND CONSENT

I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

Signature of Parent/Carer..... Date

I may be contacted by telephoning the following number(s):

Home (.....)..... Work (.....).....

Mobile Telephone no:

Name & Address:

.....

Please state an alternative contact: - Telephone number: (.....).....

Name & Address of Contact

Child health service details: -NHS number if known:

Family doctor (Name, address and telephone number)

..... (.....).....

Child's Home Address and Postcode

.....

Respect. Resilience. Responsibility. Confidence. Co-operation. Compassion.

Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go. – Joshua 1:9

3. MEDICAL INFORMATION

Does your child suffer from any of the following conditions? Circle Yes or No

Asthma	Yes/No	Bronchitis	Yes/No
Chest Problems	Yes/No	Diabetes	Yes/No
Epilepsy	Yes/No	Fainting	Yes/No
Heart Trouble	Yes/No	Migraine	Yes/No
Raised Blood Pressure	Yes/No	Tuberculosis	Yes/No

If Yes to any, please provide details:
 Please give details of any relevant disability in relation to your child being able to take part in the programme of activities, and to evacuate unassisted from the building in an emergency. Access to parts of the building is by staircase, if in doubt please speak with Mr Barker.

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Does your child suffer from any other condition requiring medical treatment, including prescribed medication? Yes/No

If YES, please provide details:
 Children will not be taken off-site if they do not have their inhaler/epipen.

Does your child suffer from an allergy? (Medication, insects bites, food, etc.) Yes/No

If YES, please provide details:

Date of the last tetanus immunisation:

Is your child taking any form of prescribed medication on a regular basis? Yes/No
 If YES, please give full details, indicating the type of prescribed medication and dosage:

Name of Medication	Dosage	When Taken	Method of administration

I agree to my Son/Daughter being given Paracetamol if required: **Yes/No**
I give consent for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

Signature of Parent/Carer.....**Date**

Please ensure that your child has adequate supplies of their prescribed medication.

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious: Yes/No

If YES, please give full details:

Has your child had any recent injury, or illness (requiring medication): Yes/No

If YES, please give full details:

Does your child have any:

Special dietary needs?

Any personal needs?.....

4. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School.

5. DECLARATION BY PARENT/CARER

- ◆ I have read the attached information about the educational visit and insurance arrangements.
- ◆ I declare my child to be in good health and physically able to participate in all the activities detailed in the Information Sheet.
- ◆ I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- ◆ I am aware of the levels of insurance cover.
- ◆ I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the School prior to the visit.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL/ORGANISATION.

Signature of parent/carer..... Date

Print Name of parent/carer.....

Address:

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