

TRIPS & VISITS – Parent/Carer Consent & Medical Form 2018/2019
Insert Trip Title: Work experience
Insert Trip Date: 24-28th June

Dear Parent/Carer

This is a consent form to cover off-site activities and visits which take place as part of the normal school programme that your child may be undertaking. These visits may include short journeys on foot or in vehicles; some may continue beyond the school day and include residential trips both in the UK and abroad. The school will send you information about each visit or activity before it takes place. Please complete the medical information section, granting consent by signing and dating the form, if you are happy for your child to:

- a) take part in the trip/visit/activity that takes place off school premises, and
- b) be given first aid or urgent medical treatment during the school trip or activity, agreeing that the Trip Leader may act on my behalf in an emergency.

Student Name:				Form:
Emergency Contacts	Mobile Number	Home Number	Work Number	Relationship to child
<i>Name</i>				
<i>Name</i>				
<i>Name</i>				

Medical Information:	
GP's Name:	Surgery:
Surgery Number:	
Condition:	Medication/Treatment:
Condition:	Medication/Treatment:
Condition:	Medication/Treatment:
Condition:	Medication/Treatment:
Dietary Requirements:	Vegetarian:
<input type="checkbox"/> Please tick the box if you would like to speak to a member of staff in confidence	

Please tick to acknowledge agreement/consent:

- I would like my child to take part in the trip / visit / activity.
- I confirm that will inform Lymm High School of any changes to medical conditions/medication as a priority.
- I consent to any emergency medical treatment required by my child during the duration of the visit.
- I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated Local Authority guidance.
- I confirm that my child is not in the care of a doctor or requires any additional care or support.
- I confirm that my child is not taking any form of medication.
- I confirm that my child is in good health and I consider him/her fit to participate.
- I acknowledge the need for my child to behave responsibly at all times. I have read and signed the Home School Agreement in the Parent Handbook.
- I understand that whilst every endeavour is made to safeguard personal effects, luggage and clothing, the organisers shall not be held responsible for any loss or damage that may occur.

Parent/Carer/Guardian Consent		
Sign:	Print Name:	Date:

Headteacher: Mr Gwyn Williams

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