

Consent to Visits, Medical Details and Treatment Form (EV2)

Visit to:

From: (date) To: (date)

Name of Student:

Date of Birth: Male Female

Home address:

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Telephone No:

Emergency contact telephone numbers (home/mob/work) & e-mail addresses

1).....

2).....

3).....

Name, address and tel. no. of own doctor.....

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Known Medical Conditions / Medications:

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Known allergies:

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Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Visit Leader)

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Are there any reasons that you know of that stops he/she from participating fully in the planned activities?

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Are there any activities in which he/she should not participate?

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Please indicate any special food dietary/requirements (if applicable):

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Other relevant Information:

I wish my child to take part in the educational visit / offsite activity and having read the information provided, agree to his/her taking part in any or all of the activities described.

I agree to my son / daughter receiving any emergency or other medical treatment as deemed urgent, necessary and / or in the best interest of my son / daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to school staff by the GP if circumstances are deemed necessary and appropriate.

Your name (Block capitals please):

Signature: Date: