



Hylands School

Trip Consent Form for Parents/Guardians

Please complete both sides of this form answering the questions in full. In the event of your child requiring emergency treatment this information will help the medical authorities decide the appropriate treatment.

Trip/Visit:
Trip/Visit Leader:

Date:

(Please complete in BLOCK CAPITALS)

Student's Full Name

Tutor Group

Date of Birth

The cost of this trip is £0.00 Our method of payment is through Parent Pay.

Parent/Guardian's Address during the Trip/Visit
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.....
.....
Telephone:
.....

GP's Name and Address
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.....
.....
Telephone:
.....

Alternative contact (for emergency use only) Name:	Tel. No:
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I hereby give permission for my child to attend the above trip/visit.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I give my general consent to any necessary medical treatment and authorise the Trip/Visit leader (or in their absence a member of staff) to sign any document required by any hospital authorities.

<p>In the space below please give details of the following (even if you have already informed the school in the past)</p> <p>1. Any known Contagious or Infectious Diseases with which your child has been in contact within the last four weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)</p> <p>.....</p> <p>2. Any known Allergies/Sensitivites,Disabilities and details of any known precautions (e.g. Penicillin, Food Colourings, Travel Sickness, Asthma etc.)</p> <p>.....</p> <p>3. Where unavoidable the School is willing to oversee the self-administration of prescribed and non-prescription medication during the visit. Please enter below the details of any medicines/treatments currently being taken/ followed (include dosage details) If your son/daughter has to take any medicines, they should be clearly labelled with his/her name. The exact dosage should be handed to the Trip/Visit Leader/First Aider before departure.</p> <p>.....</p> <p>Has your son/daughter received a tetanus injection in the last ten years? YES / NO</p>
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Name of Parent/Carer:

Signature

Date:
