

## OAKERWOOD MEDICAL/ PARENT CONSENT FORM

This form must be completed and returned to the teacher in charge of the visit or trip,  
before any student can be allowed to participate.

Student name		Family name:	
Date of Birth		gender	
Trip / Visit to			
Date(s) From		To	
<i>I agree to my son/daughter taking part in the above mentioned Trip / Visit</i>		Parent or Guardian's signature	

### Student Contact Details

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Alternative contact	Relationship to student :		
Address			
Name		Home	
Mobile		Work	

### Medical Information

Name of doctor		Tel no	
Address of surgery			

Please mark with X if appropriate :

My child does <b>not</b> suffer from any medical condition requiring regular treatment.	
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My child suffers from			
and has been prescribed the following medication	Name of medication	Dose	Frequency

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an <b>allergy</b> to the following:	Allergic to	Type of reaction

*Please delete as appropriate*

I would like to discuss my child's medical condition with the teacher in charge.	YES NO
My child has an up to date tetanus injection.	YES NO
I am willing for my child to be given with "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, plasters, insect bite antihistamine.	YES NO

Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.

Inhalers and "Epipens" may be kept by the pupil with spares given to the teacher in charge.

### Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, allergies	(please give details)	YES NO

### Additional Information

Please include any additional information as required

### Declaration by Parent/Guardian

1. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
2. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print Name			