

**PARENTAL / CARER CONSENT AND MEDICAL INFORMATION FORM FOR
EDUCATIONAL VISITS, OVERNIGHT STAYS AND ADVENTUROUS ACTIVITIES**
(This form is to be completed in full by the parent / carer and returned to the school)

School: ...Lancaster Royal Grammar School..... Dist/School no:/.....

1. DETAILS OF VISIT

Visit to: ...LRGS and Williamson Park.....

From: 9.30am on 8th November 2008 (date / time) To: 3pm on 8th November 2009. (date / time)

I agreed to my son / ~~daughter~~ / ward - Full name: Form/class:

Taking part in the above stated visit and having read the information sheet, agreed to his participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his part.

2. EMERGENCY DETAILS

a) 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.

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

Home (inc STD): Work (inc STD):

Name & Address:

c) Please state an alternative contact point: - Telephone number:

Name & Address of Contact:

Child health service details: - Medical card number:

Family doctor (Name, address and telephone number):

3. MEDICAL INFORMATION

Does your child suffer from any of the following conditions?

(Cross out the YES or NO which does not apply)

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 of the above, please provide details:

Does your child suffer from any other condition requiring medical treatment, including medication?

Yes/No

If YES, please provide details:

Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?

Yes/No

If YES, please provide details:

