

**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: ...South Lake District.....

From: 8.45am on 29<sup>th</sup> November 2009 (date / time) To: 4.45pm on 29<sup>th</sup> 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:

