



School Excursions Global Consent Form

Student's full name: _____ Form: _____

Home address: _____

MEDICAL INFORMATION

Does your son/daughter:	
Have good eyesight?	
Suffer from any allergy, food or medication?	
Have good hearing?	
Have any current medical conditions?	
Please state any medication that your son/daughter is currently required to take:	
Does your son/daughter have any special dietary requirements?	
Does your son/daughter have any other special needs?	
Does your son/daughter suffer from travel or motion sickness?	
Does your son/daughter suffer from vertigo (fear of heights)?	
Date of last Tetanus injection?	

OTHER HELPFUL INFORMATION YOU MAY WISH TO PROVIDE

Please name any activity he / she may not participate in:	
Is your son/daughter entitled to a free school meal?	YES / NO
First emergency contact name:	Home Tel: Mobile Tel:
Second emergency contact name:	Home Tel: Mobile Tel:
Family doctor and telephonenumber	

If there is any other information you consider the school should know please continue on the reverse

CONSENT DECLARATION

I, being the parent / guardian of the student named at the head of this form, give consent for him / her to attend off-site school activities for the duration of the current school year.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. **I have informed the school/college of all medical conditions or treatments that he / she suffers from or requires to maintain health currently and will advise of any changes.**

Signature: _____	Relationship to student: _____
Print Name: _____	Date: _____