



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 take medication for asthma?	Y/N
Date of last Tetanus injection?	If YES a fully working inhaler MUST be brought on the trip.
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 Year 7&8 OR Year 9&10 OR Year 11,12&13.	
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: