



SHAVINGTON ACADEMY MEDICAL CONSENT FORM

Name: _____

Form: _____

PARENT / GUARDIAN MEDICAL CONSENT FOR AN EDUCATIONAL VISIT

This information will be held for twelve months, and used to inform staff regarding your child's medical needs, when they are organising learning outside the classroom. **Should your child's medical needs change, or the contact information we hold for you or your GP change, you have a responsibility to contact us so that we may update our records.**

I have read the information above, and consent to this arrangement _____ (parent)

Medical Information about your child

- a) Any conditions requiring medical treatment, including medication YES/NO
If YES, please give brief details:

- b) Please outline any food or other allergies and special dietary requirements of your child:

- c) Any recent physical or mental health issue that staff should be aware of?

- d) The type of pain/flu relief medication your child may be given if necessary:

Declaration

I agree to my son/daughter 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. I understand that the extent and limitations of the insurance cover provided for each trip/visit will be provided at the time the trip is arranged.

Additional Comments

Signed: _____ Date: _____

Full Name (capitals): _____