



QUEEN MARY'S HIGH SCHOOL, WALSALL

Information and Consent Form

Pupil's Name _____ Date of Birth: _____

Visit to: _____

Dates: _____ To: _____

- I have read the information letter supplied and agree to my daughter/son taking part in the trip detailed above.
- I understand that the staff responsible for the trip will take reasonable care of all participants.
- I acknowledge the need for my child to behave responsibly during the trip and will discuss this with her/him prior to departure.

Medical Information about your child:

(a) Does your child suffer from any temporary or ongoing medical conditions which require medication? YES NO

If YES, please give brief details:

(b) Is your child allergic to any medication? YES NO

If YES, Please give brief details:

(c) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered from anything in the last four weeks which may be contagious or infectious?

YES NO If YES, please give brief details:

(d) When did your child last have a tetanus injection?

(e) **For Residential Visits only:** May your child be given the following medication by members of school staff for minor ailments:

Ibuprofen YES / NO Paracetamol YES / NO

Antihistamine (Piriton) YES/ NO

(f) Name and Address of family doctor:

Dietary Requirements

Please tick the box next to the appropriate dietary needs:

No Restrictions

Vegetarian

Vegan

No Beef

No Pork

Other

Please specify

Is your child allergic to any food items? If so please specify:

Emergency Contact Details

Home Address:

Telephone Numbers:

Home: _____ Work: _____

Mobile(s) _____

Please give an alternative emergency contact in case it is not possible to contact the above (e.g. grandparent, family friend)

Name: _____ Phone: _____

Address: _____

Declaration

I consent to any emergency treatment necessary. I therefore authorise the party leader to sign, on my behalf, any written form of consent required by the medical authorities should treatment (including injections, surgical operations, anaesthetic or blood transfusion) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the medical authorities concerned, likely to endanger my child's health or safety.

Signed: _____ Date: _____

Full Name (capitals): _____

Relationship to pupil: _____