

## RUDGWICK PRIMARY SCHOOL PARENT'S MEDICAL CONSENT FORM

This Parental Consent form will be used for educational visits and off-site activities during the school year. Any changes that occur during the year **MUST** be reported to the school office and a new form completed.

**from 7<sup>th</sup> September 2009 to 23<sup>rd</sup> July 2010**

I wish my son/daughter \_\_\_\_\_ (Full name of child in capitals please)

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed. I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son, daughter arising during or out of the journey.

(Note: A School Journey Insurance Policy of Zurich Municipal Insurance Limited is available through West Sussex County Council, though claims arising from a pre-existing condition are exempt.)

Please delete and complete the following as is appropriate.

My child has no illness, allergy or physical disability \* the following illness, allergy or physical disability \*

\* Cross out which does not apply

Child's Date of Birth:	
Name of own Doctor:	
Doctor's Address:	
Doctor's telephone number:	

Other illnesses \_\_\_\_\_

which necessitates the following medical treatment \_\_\_\_\_

I consent to any emergency medical treatment necessary during the course of the visit.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian

Address	HOME	WORK
Telephone No.	HOME	WORK
Mobile No.		

If not available at the above, please state an alternative contact.

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

# MEDICAL QUESTIONNAIRE

\_\_\_\_\_ (Full name of child in capitals please)

Has your child had any of the following:

Asthma or Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Any other allergies e.g. material, food, insect bites etc.	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of these questions is YES please give details on a separate sheet which should be firmly attached:

## Immunisation Status

Has your child received vaccination against Tetanus in the last ten years?	YES	NO
Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital?	YES	NO
Has your child been given specific medical advice to follow in emergencies?	YES	NO

If the answer to either of these questions is YES please give the details here:- (including dosage of any medicines/tablets)

SIGNED \_\_\_\_\_ Parent/Guardian

PARENT'S NAME AND INITIALS \_\_\_\_\_

(Two copies of this form are desirable, one for the head of establishment/EVC/ Emergency Contact and one for the group leader to take with him/her on the visit/activity/journey.

**NOTE: Photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including publication on the establishment's website please tick box:**

 All personal information will be processed in accordance with the provisions of the Data Protection Act 1998