

Parental Consent Form

PARENTS – COMPLETE, SIGN AND RETURN

Please note if this form is not signed the students will not be permitted to go on the visit.

Name of Student: _____ D.O.B: _____

Abbey: _____ Form: _____

A separate letter will be sent out informing parents of the venue, location and times and dates of any visits.

1. Medical Information

(*please circle and delete where applicable)

- a) Does your son / daughter suffer from any conditions requiring medical treatment? YES/NO*
If YES, please give brief details and describe the medication, the dosage and frequency required.
Any request to administer medication will be considered on an individual basis and in accordance with the Academy's Administration of Medicines Policy.

- b) Has your son / daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or may become contagious or infectious? YES/NO*
If YES please give brief details:

- c) Is your son / daughter allergic to any medication or suffer from any allergies? YES/NO*
If YES please specify

- d) Has your son / daughter received a tetanus injection within the last five years? YES/NO*

- e) Please outline any special dietary requirements of your child.

2. Information Relating to Specific Activities

- a) For adventurous / hazardous activities, does your child suffer from any medical condition that may affect their ability to undertake the activities? YES/NO*
If YES please provide brief details

- b) For overnight visits only. Does your child have any specific needs or conditions that affect overnight stays e.g. sleepwalking, bed wetting, frequent nightmares, trouble sleeping. YES/NO*
If YES please provide brief details.

