

# EDUCATIONAL VISIT CONSENT AND MEDICAL FORM

Wednesday 19 July 2017

If you are taking part in one of the following activities, please detach and return this form, completed in BLOCK CAPITALS, to reception by **Wednesday 16 July** (Please tick the relevant activity):

▲ Battlefield and footgolf		▲ Splashdown at Quaywest	
▲ Paignton Zoo		▲ Woodlands	
▲ Plymouth Aquarium and ice skating			

**Activity Leader:**

**Student Details – please use block capitals:**

Student Full Name:	DOB:	Tutor Group:
Address:		
Contact numbers for parent/carer:		
1:	2:	3:

Please give details below if your child suffers, even mildly, from any medical condition, such as epilepsy, asthma, diabetes, heart condition, allergies, blood disorders or physical weakness, has suffered from any contagious or infectious diseases during the past three months, or is taking medication, including when it can be self-administered:

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GP Name:	
GP Surgery	
Surgery Address	
Surgery Telephone Number	

Are there any activities in which your child may not participate?	YES / NO
If Yes, please give details:	

My child is registered for free school meals and will require a packed lunch for this trip	YES / NO
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I hereby consent to the attendance of my child on the above school visit. I further consent to the giving of any urgent medical treatment to my child (including the use of anaesthetics if necessary) which is considered necessary by a medical professional during the school visit.

Name of Parent:	Signature:	Date:
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