**DAY TRIP STUDENT**

**CONSENT AND EMERGENCY PERMISSION**

I wish my child to be allowed to take part in the journey mentioned below and, having read the information provided, agree to their taking part in any or all of the activities described.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my child receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my child by the medical authorities present. This includes dental, medical or surgical treatment, the use of anesthetics or blood transfusion. I also agree to the release of relevant and necessary medical information to educational establishment staff by the G.P. if circumstances are deemed necessary and appropriate.

Please complete the following:

SCHOOL VISIT TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dates)

CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TUTOR GROUP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE (PARENT/CARER) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Is your child allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug? If so, give details)

Do they suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, celiac disease or any other illness or disability? If so, please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they having any medical treatment at present? If so, please give written details of treatment and medicines etc. (These MUST be handed to the party leader.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_