

PARENTAL/GUARDIAN CONSENT AND MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS, INVOLVING OVERNIGHT STAYS AND/OR HAZARDOUS ACTIVITIES

N.B. ALL SECTIONS OF THE FORM SHOULD BE COMPLETED BY THE PARENT/GUARDIAN

School: **West Kirby Primary School**

1. Details of Journey/Visit

Journey/visit to: **Winmarleigh Hall, Lancashire**

From: **Wednesday 18th April to Friday 20th April 2018**

I agree to my child

Full Name: _____ Address: _____

_____ taking part in activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. Medical Information

Cross out the 'YES' or 'NO' which does NOT apply.

a) Does your child suffer from any of the following conditions?

Asthma	YES/NO	Bronchitis	YES/NO
Chest Trouble	YES/NO	Diabetes	YES/NO
Epilepsy	YES/NO	Fainting Attacks	YES/NO
Heart Trouble	YES/NO	Migraine	YES/NO
Raised Blood Pressure	YES/NO	Tuberculosis	YES/NO

If YES, please give full details: _____

b) Does your child suffer from any other condition requiring medical treatment, including medication? YES/NO

If YES, please give full details: _____

c) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered from anything recently, that may become infectious or contagious? YES/NO

d) Is your child allergic to any medication, insect bites, food etc? YES/NO

e) Is child taking any form of medication on a regular basis? YES/NO

If YES to **c), d)** or **e)** please give details: _____

f) Has your child received a tetanus injection in the last 3 years? YES/NO

Has your child any special dietary requirements? YES/NO

If YES, please give details: _____

3. **Swimming**

Is your child able to swim?

If YES, comment upon your child's swimming ability.

YES/NO

4. **Emergency Contacts (including family doctor)**

I may be contacted by telephoning the following numbers

Work: _____ Home: _____

My home address is: _____

If not available at the above, please contact:

Name: _____ Tel. No: _____

Address: _____

Name of family doctor: _____ Tel. No: _____

5. **Declaration**

I understand that the teacher/youth worker in charge of the group will be acting in 'loco parentis' and in the event of an accident I agree to my child receiving emergency dental, medical or surgical treatment which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present.

I undertake to inform the organiser as soon as possible of any change in the medical circumstances of my child between the date on which I completed this form and the commencement of the activity.

I understand the extent and limitations of the insurance cover provided, and that the Metropolitan Borough of Wirral is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

Parent/Guardian Signature: _____

Date: _____

This form, or a copy, must be taken by the leader on the activity. A copy should be retained by the contact teacher/youth worker at the school/youth club.