

Annual Consent to participate in PE activities and educational visits during the Academic Year 2011/12



Please complete in full and return to the school office.

Student Name:		Tutor Group:		Year Group:	
Emergency contact (1)					
Name:		Address:		Home Tel No:	
				Work No:	
				Mobile No:	
				Relationship to student:	
Emergency contact (2)					
Name:		Address:		Home Tel No:	
				Mobile No:	
				Work No:	
				Relationship to student:	
Medical Conditions (your child has):					
Medication (your child requires):					
Is your child allergic to any medication? (please tick correct box)				Yes	No
If yes, please give details:					
Please advise the type of pain relief medication your child may be given if necessary:					
Please outline any dietary requirements:					
Family Doctor					
Name:		Address:		Tel No:	
<p>Declaration: This form will be used as the form of consent for all visits and activities (e.g. sporting fixtures, educational visits) during the academic year 2011/12.</p> <p>I have ensured, as far as reasonably I can, that my child understands that it is important to safety that any rules or instructions given by the staff in charge are followed and I acknowledge that s/he must behave responsibly.</p> <p>I undertake to inform the school office as soon as possible if there are any changes to any medical conditions my child may have and to ensure the school office is informed of any changes to the emergency contact details they hold.</p> <p>I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p> <p>I understand the extent and limitations of the insurance cover provided.</p>					
Signed.....					
Date					
Full Name.....					
Relationship to student.....					