



ST. WILFRID'S CATHOLIC SCHOOL CONSENT AND MEDICAL INFORMATION FORM
For students taking part in trips and activities outside school

Name of Student:	Tutor Group:
Parent/Guardian's Name and Address:	Parent/Guardian's Tel No's <u>during the trip</u> Home: Work: Mobile:
Contact Address during trip if different to home address	Doctor's Name, Address And Tel No:

Student's Date of Birth:

Medical Information:

My child has/has not been actively immunised against Tetanus on(date).

He/She, as far as I am aware, is/is not sensitive to penicillin or plasters.

Please specify any allergy or medical condition of which we should be aware, (include food allergies).

Authorisation:
 I consent to my child taking part in the visit to and having read the information, I agree to his/her taking part in any of the activities described. I have ensured that my child understands that it is important for his/her health & safety of the group that any rules and instructions given by staff in charge are obeyed. I understand that while the school staff and helpers in charge of the party will take all reasonable care of the students, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my child during the visit. (Note: A school journey Insurance Policy has been organised). I consent to any emergency medical treatment necessary during the course of the visit, in the event of my child being taken ill during the visit (to the extent that a surgical operation or injection becomes necessary). I authorise the staff in charge to sign on my/our behalf any written form of consent to operate or act as required by medical or emergency authorities.

Signed (Parent/Guardian)..... **Date**.....

THIS FORM MUST BE COMPLETED AND RETURNED TO THE EDUCATIONAL VISITS ADMINISTRATOR AS SOON AS POSSIBLE-YOUR CHILD WILL NOT BE ALLOWED TO TAKE PART IN THE VISIT WITHOUT YOUR CONSENT