



SCHOOL TRIP CONSENT FORM

Trip:

Dates:

Name of student: Class:

Home address:

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Home telephone number:*please include area code*

Contact telephone numbers in the event of an emergency:

Work numbers:

Mobile numbers:

Friend/relative: (name and tel)

Doctor's Name: Tel:

Medical information

Please give details of any medical condition or problems which may affect your child during the trip such as asthma, hay fever, diabetes, allergies to food or medicine etc. Please also give details of any medication being taken (including when it is to be taken)

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Date of last anti-tetanus vaccination:

Special information (allergies etc) :

Dietary Information

Does your child require a special diet (e.g. vegetarian)?

Consent

- 1 I give permission for my son/daughter to participate in this trip to
- 2 If I cannot be contacted to give specific permission beforehand, I agree that in an emergency, medical and dental treatment may be given to my child, including the administration of a general anaesthetic and surgical operations in accordance with the recommendation of a qualified medical practitioner.
- 3 I undertake, should the organisation of the trip require it, to be responsible for the safe conduct of my child to the agreed point of departure and for his/her return to home from the pre-arranged setting-down point at the end of the trip.
- 4 I agree that my son/daughter must observe the Code of Conduct laid down by the party leader. I am aware that serious misbehaviour could result in my son/daughter being sent home, and that I will be responsible for all costs resulting from such a decision.
5. I agree that, after the trip, my child is allowed to leave the school ground unaccompanied.

Yes

No

Signed: (Parent/Guardian) Date:

Official stamp (*only for an abroad trip*)