

School Journey Consent and Medical Form

Pupil's Details
Name of Pupil:
Date of Birth:
Name of Doctor:
Dr Telephone Number:

Visit Details
Destination: Paris, School Journey
Address: 77150 Lesigny, France

Is your child allergic to any medication:

Yes/No

If yes, please give details:

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Has your child had any recent infection:

Yes/No

If yes, please give details:

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Is your child at present under treatment for any condition?

Yes/No

If yes, please give details:

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Please detail below if your child suffers, even mildly, from any medical condition such as epilepsy, asthma, diabetes, heart condition, allergies, bed-wetting or physical weakness.

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Please state any medication which is required by your child

Medication:

Timing:

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I hereby consent to the attendance of my child on the above school visit when the person(s) in charge of the party of school children will be a member or members of the teaching staff of the school and/or the centre. I give permission for my child to participate in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible.

I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities during the school visit. If my child is taking medication I agree that this will be self-administered.

I understand the extent and limitations of the insurance cover provided.

Signed: (Parent/guardian)

Date: