

PARENTAL CONSENT FORM

St. Laurence's C E Primary School

September 2017 – July 2018

I agree to _____ (name of child) Class _____ taking part in:

Educational visits in Ludlow area	Yes	No
Educational visits beyond Ludlow	Yes	No

Medical Information about your child:

a	Is your child affected by any relevant illnesses or disabilities?	YES/NO	If YES details:
b	Is your child currently taking any long term medication?	YES/NO	If YES details:
c	Is your child currently receiving medical treatment?	YES/NO	If YES details:
d	Is your child allergic to anything? If yes severity, treatment etc.	YES/NO	If YES details:
e	Please outline any special dietary or other requirements of your child:		g) Date of last anti-tetanus injection?

For activities that include swimming:

Is your child:

- Able to swim 50m? YES/NO
- Water confident in a swimming pool? YES/NO
- Safety conscious in water? YES/NO

Declaration

I agree to my son/daughter receiving medication as I have instructed. I authorise the leaders and first aiders, to give permission for my child to receive any emergency dental, medical or surgical treatment, including the administration of anaesthetic as considered necessary by the medical authorities present if this should occur at a time when my consent to the particular treatment cannot otherwise reasonably be obtained.

Note: If there are some medical treatments you will not consent to please ensure that you tell the party leader about these and attach details to this form.

Signed: _____ Date: _____ Full name (capitals): _____

Contact telephone numbers:

Mobile: _____ Work: _____ Home: _____

Mobile: _____ Work: _____ Home: _____

Alternative emergency contact:

Name: _____ Tel number: _____ Address: _____

GP's / Consultants name: _____ Tel number: _____ Address _____

I will inform the school office as soon as possible of any changes in my son/daughter's circumstances and any change of contact details.

Please return this form to the class teacher/school office at your earliest convenience.