

APPENDIX 2B

PARENTAL CONSENT AND MEDICAL FORM



Name of Activity: Year 10 Field trip to Thornton

Cleveleys

Date of Activity: 5th July 2022

Student's Name:		Tutor Group:	
Date of birth:			
Home address:			
	Postcode:		
Passport No. (for trips abroad only)			
Name of parent/carer:			
Parent/carer contact Telephone numbers*: (For emergency use only)	Day time:	Evening:	Other (mobile):

I have read the details about this visit and hereby give my consent to:

- (i) My son/daughter participating in the activities described.
- (ii) The academy obtaining or rendering properly qualified medical assistance to my son/daughter in the necessary circumstances.
- (iii) The academy, where appropriate, administering the prescribed dose of any required medication as advised by a pharmacist, e.g. paracetamol or travel-sickness tablets.

I also acknowledge:

- (i) The need for my son/daughter to be obedient and act responsibly.
- (ii) The academy may refuse to take my son/daughter on the activity, if he/she exhibits serious misbehaviour before the activity. In the event of serious misbehaviour during the activity, the academy has the right to exclude my son/daughter from the remaining part of the activity. In either case the trip leader's decision shall be final and I shall forfeit all monies paid in respect of the activity. I also understand that I may be requested to collect my son/daughter from the activity's venue at my own expense in the case of serious misbehaviour.
- (iii) That any photographs or video film taken during the visit must be solely for your individual family's use and must not be distributed more widely. Photographs may also be taken for publicity use by the academy.
- (iv) That for some activities there may be occasions when a member of academy staff or another parent will transport my son/daughter by private car as opposed to the use of a coach or bus.
- (v) That the Government Guidance states, "Trip leaders should ensure that transport by road has seat belts and that students wear them". This is fully endorsed by Oasis Community Learning, who have further advised that, in the event of a student refusing to wear the seat belt, the trip leader has the right to refuse to take that student on the visit.

SIGNED:
(Parent/Carer with Parental Responsibility)

DATE:

PRINT NAME:

*For academy use only: – Trip leader to ensure that all contact numbers are still correct before the trip takes place.

MEDICAL FORM	
Name of student:	
Family Doctor:	
Surgery telephone number:	
Surgery Address:	
Blood Group (if known)	
Please state any allergies and any necessary medication or treatment: <i>If none, please state NONE.</i>	
Please state any relevant medical conditions and medical requirements: <i>(e.g. asthma, diabetes, epilepsy, fainting, including any necessary medication or treatment). If none, please state NONE.</i>	
If your child requires medicine administration, please state: <ul style="list-style-type: none"> - the required medicine - dosage - frequency - who will administer the medicine - storage arrangements for the medicine 	
Is there any other information which you feel we should know?	
Has your child had a tetanus vaccination? Yes / No	If so, when?
Please state any dietary requirements <i>(e.g. vegetarian, food allergies, or food avoided for religious purposes)</i>	

I certify that the above information is correct, and I hereby authorise the teacher in charge of the trip to give permission for medical treatment if required.

SIGNED: **DATE:**.....
(Parent/Carer with Parental Responsibility)