

FRIETH CEC SCHOOL

CONSENT TO OFF SITE VISITS AND MEDICAL TREATMENT

Name of Pupil Date of Birth

1. I understand that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give my consent for him/her to participate in such visits. I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me.
2. If it is not possible to contact me, I agree to my son/daughter receiving urgent dental, medical or surgical treatment, including medication, anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I undertake to inform the headteacher/party leader as soon as possible of any change in the medical circumstances of my child.

Signed (parent/guardian)

Date

3. I/we may be contacted by telephone on the following numbers:

Name

Work ☎.....

Home ☎.....

Mobile ☎.....

Home Address

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If the contact above is unavailable then please contact
who may be contacted by telephone on the following numbers:

Work ☎.....

Home ☎.....

Mobile ☎.....

Home Address

.....

P.T.O.

4. Name, address and telephone number of family doctor:

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5. Does your child suffer from any conditions requiring medical treatment or medication?

Yes ☐

No ☐

If yes, please give details:

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6. Is your child allergic to any medication or treatment? Yes ☐ No ☐

If yes, please give details:

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7. When was the last time your child received a tetanus injection?

Date

8. Does your child have any special dietary requirements? Yes ☐ No ☐

If yes, please give details:

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This form will be placed on the child's school record and will be used throughout the compulsory schooling of the pupil. If parents subsequently wish to withdraw this form they should send the school a letter to that effect.