OA4 Off-Site Activity Medical and Consent Form

ORGANISATION: Ashley-Hill Multi-Academy Trust

Name of Participant:

Male/Female

Address of Participant:	Telephone No. (inc. STD):
Post Code:	Date of Birth:

DOCTORS name: Address: Post Code:	Telephone No. (inc. STD)	Details of last Tetanus injection date: OR, have you had one in the last 10 years? YES / NO

Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.

Please give current treatment including medication.

Details of any special dietary requirements.

STATEMENT

I CONSENT TO …….. Participating in general school of-site activities conducted during the school day.

I CONSENT TO ……. Being transported by school mini-bus/in staff car.

I have ensured that my child/ I understand(s) the information for their/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the Leader of any changes in the fitness of the participant/myself prior to the date of departure.

I accept full financial responsibility if they/I have to return home before the end of the trip because of inappropriate behaviour.

I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.

Signed:
Parent/Guardian/Participant

Print Name: …… Class ……

Date.