## **HOLMER GREEN SENIOR SCHOOL**



## MEDICAL AND PARENTAL CONSENT TO RESIDENTIAL AND FOREIGN VISITS

Dates	::		
Student's name:		Date of birth:	
Paren	ts' surname (if different:	Tutor Group:	
•	I agree to my son/daughter receiving medication as instroor surgical treatment, including anaesthetic or blood trathe medical authorities present I understand the extend provided.	nsfusion, as considered necessary by	
•	I undertake to inform the Headteacher of Group Leader the medical circumstances of my child, after the date be		
•	I give consent for my child to be photographed in connect may be displayed on the school website, downloaded as or to promote trips in the future.		
Signe	d:	Date:	
3	Parent/Carer		
Medio	cal Information		
Medio		dical treatment or medication?	
Medio •	Does your child suffer from any conditions requiring med	dical treatment or medication?	
Medio •		dical treatment or medication?	
Medio •	Does your child suffer from any conditions requiring med		
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)		
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)		
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)  If yes, please give details:		
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)		
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)  If yes, please give details:	Yes / No (please circle as appropriate)	
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)  If yes, please give details:  Is your child allergic to any medication or treatment?	Yes / No (please circle as appropriate)	
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)  If yes, please give details:  Is your child allergic to any medication or treatment?	Yes / No (please circle as appropriate)	
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)  If yes, please give details:  Is your child allergic to any medication or treatment?  If yes, please give details:	Yes / No (please circle as appropriate)	
•	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)  If yes, please give details:  Is your child allergic to any medication or treatment?  If yes, please give details:  When was the last time your child received a tetanus inj	Yes / No (please circle as appropriate) ection? Please give the date or tick	
Media	Does your child suffer from any conditions requiring med Yes / No (please circle as appropriate)  If yes, please give details:  Is your child allergic to any medication or treatment?  If yes, please give details:  When was the last time your child received a tetanus inj the "Don't know" box:	Yes / No (please circle as appropriate)  ection? Please give the date or tick  Don't' know: □	

•	Details of family doctor:	
	Name:	Telephone no:
	Address:	
•	Family Contact details:	
	I/we	(names in capitals) may be
	contacted on the following numbers:	
	Work:	Home:
	Mobile:	_
	Address:	
•	If note available, please contact:	
	Name (in capitals):	
	Work:	Home:
	Mobile:	<del>_</del>

This form must be completed for every residential and foreign visit or trip. Trip Leaders will take this form with them for reference or should it ever need to be used in case of emergency.