



**MEDICAL AND PARENTAL CONSENT TO RESIDENTIAL AND FOREIGN VISITS**

Residential/Foreign visit to: \_\_\_\_\_

Dates: \_\_\_\_\_

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parents' surname (if different: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

- I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.
- I undertake to inform the Headteacher or Group Leader as soon as possible of any change in the medical circumstances of my child, after the date below.
- I give consent for my child to be photographed in connection with this trip. I give consent for photographs/videos of my child to appear for promotion/marketing purposes (school website, prospectus and other information publications, classrooms, HGSS Twitter, HGSS Instagram, Show My Homework)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Carer

**Medical Information**

- Does your child suffer from any conditions including any contagious disease or do they have any pre-existing injury? Please give details of any medical treatment or medication they are currently taking.

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*)

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- When was the last time your child received a tetanus injection? Please give the date or tick the "Don't know" box:

Date received: \_\_\_\_\_ Don't know:

- Does your child have any special dietary requirements? Yes / No (*please circle as appropriate*)

If so, please give details below: \_\_\_\_\_

• **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: \_\_\_\_\_

**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.**