

PARENTAL CONSENT TO MEDICAL TREATMENT, MINIBUS TRAVEL AND LOCAL OFF SITE VISITS

School

Name of PupilDate 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 my child to participate in such visits.
2. 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/party leader as soon as possible of any change in the medical circumstances of my child, after the date below.

Signed(parent/guardian)

Date

3. I [name] may be contacted by telephone on the following numbers:

Work:Home

Mobile:

Home Address:

.....

Or[Name]

Work: Home

Mobile

In the event of an emergency, a local contact that can be used is:

Name

Telephone number

Address

Relationship to child

4. Name 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

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8. Does your child have any special dietary requirements?

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Transportation

The school has three minibuses which are used to move children between Drayton Parslow, Mursley and Swanbourne school sites. Staff cars are also insured for transporting children. The children will move between sites for wraparound clubs. Children will be fully supervised during these journeys and the buses are driven by named members of staff who have taken a specific driving test for transporting children.

I give my permission for to be transported between sites in the school minibus or staff cars.

Signed

