

Medical Consent Form



This form must only be completed by a parent or guardian. Once completed, this must be returned to the Lead Teacher of the school group, within the next two weeks.

SCHOOL NAME:

DESTINATION:

DATE OF TRAVEL:

PUPILS NAME:

STATEMENT 1

Having previously read and counter-signed the Application Form, including a Medical Declaration section...

EITHER

...I confirm that I know of no recent or additional medical reason/s for my child not to successfully participate in this trip.

OR

...I confirm that the details provided on the reverse of this form are the only recent or additional medical condition/s concerning my child.

STATEMENT 2

EITHER

My child WILL be carrying personal medication for this trip and I have provided details on the reverse of this form. (We recommend you also supply a Doctors note to accompany all personal medication).

OR

My child will NOT be carrying any personal medication while on this trip.

STATEMENT 3

EITHER

I consent to any First Aid or medical treatment required by my child, being given during the course of the trip, as considered necessary by a trained First Aider, or medical professional, respectively.

OR

I DO NOT consent to any First Aid or emergency medical treatment required by my child, being given, during the course of the trip (please provide notes overleaf).

Name of parent / guardian:

Relation to participant:

Signature of parent / guardian:

