

**ANNUAL CONSENT TO LOCAL OFF-SITE VISITS AND MEDICAL TREATMENT**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. I understand that my child may leave the Academy premises for local visits as outlined in the Academy Prospectus and hereby give my consent for my child to participate in such visits. I also understand that my child may leave the Academy premises at other times when I will be informed separately by letter and when further consent will be required from me.
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 Principal/Party Leader as soon as possible of any change in the medical circumstances of my child, after the date below.

Signed: \_\_\_\_\_ (Parent/Carer)

Date: \_\_\_\_\_

3. I/we \_\_\_\_\_ *Name(s)* may be contacted by telephone on the following numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the contact above is unavailable then please contact \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PTO

4. Name of family doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

5. Does your child suffer from any conditions requiring medical treatment or medication?

Yes  No

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

6. Is your child allergic to any medication or treatment? Yes  No

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

7. When was the last time your child received a tetanus injection?

\_\_\_\_\_

8. Does your child have any special dietary requirements? \_\_\_\_\_

\_\_\_\_\_

This form will be placed on the student's school record and will be used throughout the compulsory schooling of the student. If a request is subsequently made for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.