# ORMISTON BOLINGBROKE ACADEMY

## PARENT/CARER MEDICAL CONSENT FOR EDUCATIONAL VISITS

For journeys away from the school site lasting for up to one day (or longer if necessary) and including overnight stays.

To be distributed at the start of the school year for trips and visits taking place during the academic year 2024/2025.
**PLEASE FILL IN, SIGN AND RETURN AS SOON AS POSSIBLE.**

Information about proposed visits will be sent to parents/carers by the group leader at the appropriate time.

I give permission for the teacher in charge to sign, on my behalf, any forms of consent required by the hospital authorities in the event of my child being ill or injured during the course of the journey, or stay, to the extent that a surgical operation or serum injection becomes necessary, provided the delay required to obtain my own signature might not be considered likely, in the opinion of the doctor or surgeon concerned, to endanger my child's health or safety.

I understand that, during the period of the activities away from the school base, my child will be under the supervision of the appointed member of staff. I acknowledge the need for my child to behave responsibly throughout the school visit and to adhere to his/her care plan if one is in place.

**Does your child have a Medical Care Plan in place? Yes / No**
(If yes, please supply evidence). Plan to be updated at the end of Year 6.

**Signed: _____ (Parent/Carer)**

**Parent/Carer Name (Please Print): _____ Relationship to child: _____**

**Child Full Name: _____ Form: _____**

**Address: _____**

**Tel No: _____ Mobile: _____ Work: _____**

**We must have more than one contact for your child so please give alternative contact if you are not available at the above:**

**2nd Contact: Name: _____ Tel No: _____ Relationship to child: _____**

**Address: _____**

## Medical Summary

| | |
|---|---|
| **Emergency: Do you consent to your child receiving treatment in an emergency?** | **YES / NO** |

| | |
|---|---|
| **Doctor:** | |
| **Practice name:** | |
| **Address:**<br><br>**Postcode:** | |
| **Telephone Number:** | |

| | |
|---|---|
| **Does your child have any special dietary requirements due to medical, religious, moral reasons or educational needs? Please give details:** | |
| | |
| Will your child need to take any medication during the school day? If you answer yes a letter will be sent to you requesting further information. | YES/NO |

**Please complete the medical information, below, about your child: (delete as appropriate)**

| Medical Questions | YES / NO | Further Details / Comments |
|---|---|---|
| Has your child been immunised against tetanus in the last five years? | YES / NO | Date: |
| Does your child suffer from fainting attacks or blackouts? | YES / NO | |
| Does your child suffer from fits or epilepsy? | YES / NO | |
| Does your child suffer from diabetes? | YES / NO | |
| Does your child suffer from asthma? | YES / NO | |
| Does your child suffer from hay fever? | YES / NO | |
| Does your child suffer from any allergies? (If yes to hay fever above please say no) | YES / NO | |
| Does your child suffer from ear trouble? | YES / NO | |
| Does your child suffer from illness, and/or injury not mentioned above? If yes, please give details including any infectious / contagious illness in the last three months and details of other illness / injuries or physical disabilities. | YES / NO | |
| Is your child on any sort of medication / medical treatment at present? | YES / NO | |
| Is any medication / medical treatment self-administered? please give details.<br><br>Please provide any copies of medical diagnosis/consultation letters. | YES / NO | Name of medication:<br><br>How often taken: |
| Does your child suffer from travel sickness? | YES / NO | |
| Does your child suffer from incontinence problems? | YES / NO | |
| Can your child swim? | YES / NO | How far? |
| Are there any activities in which your child may not participate? | YES / NO | Please give details: |
| Is there any information which school should be aware of, e.g. suffers from vertigo, claustrophobia or is frightened of the dark etc.? | YES / NO | |

**Signed: _____ (Parent/Carer)** **Date: _____**

**THE GROUP LEADER MUST TAKE THIS FORM, OR A COPY, ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL 'HOME CONTACT'.**

**NOTE:**
If a parent or carer cannot sign this declaration for religious or cultural reasons, they should consult the Academy.