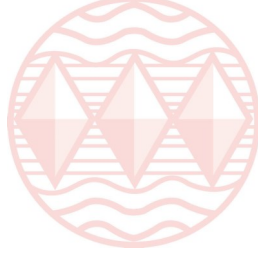


Consent to Visits, Medical Details and Treatment (EV4)

Visit to: Offsite Activities from September 2024- July 2025



Student Details

Name of Student:	
Date of Birth:	Form Group:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	
Home Address Line 1 :	
Home Address Line 2 :	
City:	Post Code:
Contact Telephone:	

Emergency contact telephone numbers *(home/mob/work)*

Emergency contact 1:
Emergency contact 2:
Emergency contact 3:

Medical Information

Name of Medical Practice:
Medical Practice Address:
Medical Practice Telephone:

Medical Conditions (please say 'none' if no medical conditions):

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Known Allergies (please say 'none' if no allergies):

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Continued overleaf

Is the student having any medical treatment at present?

If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Visit Leader)

Are there any reasons that you know of that stops the student from participating fully in the planned activities?

Are there any activities in which the student should not participate?

Please indicate any special food dietary/requirements (if applicable):

Other relevant information:

I wish the student to take part in the educational visit offsite activity and having read the information provided, agree to the student taking part in any or all of the activities described.

I agree to the student receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of the student by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetics or blood transfusion.

I also agree to the release of relevant and necessary medical information to school staff by the GP **if** circumstances are deemed necessary and appropriate.

Name of Parent/Carer (*Block capitals please*) _____

Signature _____ Date _____