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|  |  **QUEEN MARY’S GRAMMAR SCHOOL, WALSALL** Information and Consent Form | 3 |

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| Pupil’s Name: |       | Date of Birth: |       |
| Visit to: |       |
| Dates: |       | to: |       |

* I have read the information letter supplied and agree to my son/daughter taking part in the trip detailed above.
* I understand that the staff responsible for the trip will take reasonable care of all participants.
* I acknowledge the need for my child to behave responsibly during the trip and will discuss this with him/her prior to departure.

### Medical Information about your child:

(a) Does your child suffer from any temporary or ongoing medical conditions which
require medication? [ ] YES / [ ] NO

 If YES, please give brief details:

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|       |
|       |

(b) Is you child allergic to any medication? [ ] YES / [ ] NO

 If YES, please give brief details:

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(c) To the best of your knowledge, has you child been in contact with any contagious
or infectious diseases, or suffered from anything in the last four weeks which may
be contagious or infectious? [ ] YES / [ ] NO

 If YES, please give brief details:

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(d) When did your child last have a tetanus injection?

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(e) **For Residential Visits only:** May your child be given the following medication by members of school staff for minor ailments:

 Ibuprofen [ ] YES / [ ] NO

 Paracetamol [ ] YES / [ ] NO Antihistamine (Piriton) [ ] YES / [ ] NO

(f) Name and Address of family doctor:

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### Dietary Requirements

Please tick the box next to the appropriate dietary needs:

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| --- | --- | --- | --- | --- | --- |
| No Restrictions | [ ]  | Vegetarian | [ ]  | Vegan | [ ]  |
| No Beef | [ ]  | No Pork | [ ]  | Other *please specify* | [ ]  |
|       |
|       |

Is your child allergic to any food items? If so please specify:

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|       |

### Swimming Ability

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| --- | --- |
| Is your child able to swim 50 metres? | [ ] YES / [ ] NO |
| Is your child confident in a swimming pool? | [ ] YES / [ ] NO |
| Is your child confident in the sea or open inland water? | [ ] YES / [ ] NO |
| Is your child safety conscious in and around water? | [ ] YES / [ ] NO |

**Emergency Contact Details**

Home Address:

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| --- |
|       |
|       |

Telephone Numbers:

|  |  |  |  |
| --- | --- | --- | --- |
| Work: |       | Home: |       |
| Mobile(s): |       |

Please give an alternative emergency contact in case it is not possible to contact the above (eg grandparent, family friend)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone: |       |
| Address: |       |
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### Declaration

I consent to any emergency treatment necessary. I therefore authorize the party leader to sign, on my behalf, any written form of consent required by the medical authorities should treatment (including injections, surgical operations, anesthetic or blood transfusion) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the medical authorities concerned, likely to endanger my child’s health or safety.

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

Full Name (capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_