

Braywood CE First School – Trip Consent Form



Child's name	
Child's address	
Child's date of Birth	

EMERGENCY CONTACT DETAILS

	First contact	Second contact
Name		
Address – if different to child's		
Mobile No.		
Work No.		
Home No.		
E-mail		
Relationship to child		

DOCTORS DETAILS

Doctor name:	
Surgery address:	
Surgery tel. no.	

MEDICAL DETAILS

Date of last Tetanus injection _____ Or has the participant had one in the last 10 yrs? YES / NO	
Please give details of any medical conditions/ disabilities (e.g. diabetes, epilepsy) or allergies (e.g. to medication, plasters), travel sickness etc.	
Please give current treatment including medication.	
Details of any special dietary requirements.	

MEDICAL TREATMENT IN AN EMERGENCY (please tick box to agree)

I agree that those in charge may give permission for my child to receive medical treatment in an emergency.	<input type="checkbox"/>
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PHOTOGRAPHIC CONSENT (please tick box to agree or leave blank to withhold consent)

I agree to photos of my child during these activities being used internally within the school	<input type="checkbox"/>	externally	<input type="checkbox"/>
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CONSENT STATEMENT

I consent to my child participating in the school trips planned for this school year (Sept.13 to July 14). I understand I will be given adequate notice of and information about all trips and that I will be able to withdraw my consent to any in advance.

I will ensure that my child understands safety information provided at the time and that any rules and instructions given by staff are obeyed. I undertake to inform the School of any changes in my child's fitness prior to the date of departure. I accept full financial responsibility if they have to return home before the end of the trip because of inappropriate behaviour.

Signed		Date	
Name			

