



Trip Consent Form

Name of Parent / Guardian _____ Date ____/____/____
Address _____ (at time of trip)

Telephone No. (day) _____ (evening) _____

I declare that _____ (child's name) may attend the trip to _____ from ____/____/____ to the ____/____/____, under the guardianship of _____ and _____.

My child: -

- Has not, as far as I am aware, been in touch with any infectious disease in the last month
- Is in good health
- Can swim 50 metres in light clothing

Date of birth ____/____/____ **Age** _____ **NHS No.** _____

My child may receive emergency treatment during the trip, which may be authorised by the above name(s) and _____ or _____. He / she may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary, and provided the delay required to obtain my signature might be considered by a doctor likely to endanger the child's health and safety.

Please note that my son / daughter (delete as appropriate)

- Is allergic to penicillin.
- Is allergic to plasters
- Has a food allergy
- Suffers from asthma
- Has any other medical condition

Please provide further information on any medical or allergic conditions noted above:

Name of doctor _____
Address _____

Signed _____ (Parent / Guardian) Date ____/____/____

Please Note: If any section of this form is incomplete, refusal of the child onto the trip will occur.