



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 _____.

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)

- Actively sensitive to penicillin.
- Allergic to plasters
- Suffers from asthma
- Has any other medical condition

Please provide further information on any medical condition below:

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 may incur.