

**MEDICAL CONSENT FORM**

I give consent for \_\_\_\_\_ (student name) to take part in the visit to \_\_\_\_\_ on \_\_\_\_\_.

Before signing this Consent Form, it is important that you understand that:

1. Whilst the supervisory adults in charge of the group will take all reasonable care of your child, they cannot be held liable in respect of loss or damage to the property or injury suffered by your child as a result of the educational visit/journey unless such loss, damage or injury results from the negligence of an employee or official volunteer of All Saints Academy Dunstable.
2. You read and understand the extent and limitations of the insurance cover provided, if applicable

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

***EMERGENCY CONTACT DETAILS (please include name of contact)***

Name of contact \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Please advise of any medical condition(s)/allergies/ dietary requirements of which we should be aware

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Is the student taking any medication? YES/NO (delete as appropriate)

If yes, please name the medication

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How often and what is dosage taken?

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Do staff members have permission to administer the above medication where necessary? YES/NO (delete as appropriate)

Name of your child's doctor \_\_\_\_\_ Doctor's telephone number \_\_\_\_\_

Signed \_\_\_\_\_ (Parent/Carer) Date \_\_\_\_\_