

**de Stafford School
PARENTAL CONSENT FORM**

**de Stafford School Sponsored Event
Friday 04 July 2008**

To: Mr Petutschnigg

Parents/Carers – please ensure that you delete the section which is not appropriate to your child

I wish my son/daughter _____
(full name of student)

of form _____ to be allowed to take part in the **10 mile** sponsored event and, having read the letter dated 05 June 2008, agree to his/her taking part in the activities described.

OR

I wish my son/daughter _____
(full name of student)

of form _____ to be allowed to take part in the **2 mile** sponsored event and, having read the letter dated 05 June 2008, agree to his/her taking part in the activities described. *(Please ensure the medical reason for participation in the short course event is clearly noted on the medical consent form)*

I agree to impress upon my child the necessity to behave responsibly and to help the leaders to ensure the safety of everyone else on the visit.

I am aware that the school has a policy on the safe running of educational visits. I am also aware that the School's educational visits are always well organised with particular attention paid to health & safety. I understand that there can be no absolute guarantee of safety, but appreciate that the school leaders of the visit retain the same legal responsibility for students as they have in school and will do everything that is reasonably practicable to ensure the safety of everyone on the visit.

I,

(Name of parent or carer in **CAPITALS**)

Signature _____ Dated:

With my signature I also certify that I am authorised to give consent as a parent/carer.

Emergency phone number(s) during the time of the event:

de Stafford School
MEDICAL INFORMATION AND CONSENT FORM

NAME OF STUDENT _____
(PLEASE PRINT THE NAME)

DOB: _____ Form: _____

Does your son/daughter suffer from any pre-existing medical condition or disability?
NO / YES

If YES: My son/daughter suffers from _____

which may affect/will not affect his/her taking part in the activities of the visit and does/does not require medication/treatment. Please give details of any medication on the reverse of this form.

My son/daughter is allergic to _____

My son/daughter has been immunized against TETANUS.

Date of last anti-tetanus injection _____

My son/daughter may be given PARACETAMOL/IBUPROFEN

Name, address and telephone number of your doctor:

Does your son/daughter have any dietary needs. Please specify.

PLEASE TURN OVER ▶▶▶▶▶

I undertake to inform the Organiser if my son/daughter or any member of the family suffers from any infectious or contagious disease within 21 days prior to the visit.

DETAILS OF MEDICATION REQUIRED FOR TREATMENT

Please list all medication, even those taken outside normal school hours.

NAME OF MEDICATION	WHEN TO BE TAKEN/ ADMINISTERED	QUANTITY

Please ensure that your son/daughter carries all the necessary medication with each item clearly labelled and with full instructions.

Any other information you feel the Visit Organiser should be aware of:

I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT, INCLUDING ANAESTHETIC AND BLOOD TRANSFUSION, NECESSARY DURING THE COURSE OF THE EVENT.

Signature of Parent/Carer _____

Date _____