

School Trip Consent & Medical Information

It is important that we know of any medical issues which may affect your son/daughter whilst at school and on trips and activities. Where necessary this information will be shared with the School Nurse, School Staff and Gloucestershire County Council for the purpose of providing appropriate medical care whilst at school and in relation to school trips and activities.

Student Details

Student Full Name:	
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GP Details (required for ALL Pupils)

GP Name & Address:	
Telephone Number:	

Specialist/Consultant Details (where applicable)

Name & Address:	
Telephone Number:	

Medical Information (required for ALL students)

Date of last anti-tetanus injection:	
Does your son/daughter suffer from (please tick as appropriate): <input type="checkbox"/> Asthma <input type="checkbox"/> Asthma – I give consent for the use of school inhaler in the event of an emergency <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Bowel or bladder conditions <input type="checkbox"/> Serious allergies (e.g. penicillin/nuts) <input type="checkbox"/> Any other medical conditions <input type="checkbox"/> Dietary Needs	Does your son/daughter have any problems with (please tick as appropriate): <input type="checkbox"/> Mobility <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Vision:

If you have answered YES to any of the above, please provide further details below:

Name and details of Medical Condition (please continue on a separate sheet if necessary):

Does your son/daughter need regular medicine on prescription? YES/NO

Does your son/daughter need medication during school hours? YES/NO

If the answer to either of the questions above is YES then please provide details below including name and dosage of any medication.

Does your son/daughter suffer from any condition which may affect their participation in PE/sport? YES/NO

If you have answered YES to the question above, please give details.

Does your son/daughter have/require a Care Plan in school? YES/NO

Dietary Requirements & Food Allergies (please include details of ALL dietary requirements & food allergies e.g. nuts/dairy etc.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Artificial Colouring | <input type="checkbox"/> Celery including celeriac | <input type="checkbox"/> Cereals containing Gluten |
| <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Eggs | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Halal | <input type="checkbox"/> Kosher Foods only |
| <input type="checkbox"/> Lupin | <input type="checkbox"/> Milk | <input type="checkbox"/> Molluscs |
| <input type="checkbox"/> Mustard | <input type="checkbox"/> No dairy produce | <input type="checkbox"/> No nuts of any type/quantity |
| <input type="checkbox"/> No pork | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Ramadan |
| <input type="checkbox"/> Seafood allergy | <input type="checkbox"/> Sesame | <input type="checkbox"/> Soybeans |
| <input type="checkbox"/> Sulphur dioxide/sulphites | <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Other (please specify) | | |

Does your son/daughter currently use or carry an epi-pen YES/NO

If you would like to discuss any medical issues further please contact the school office on 01285 712302 or email

admin@farmors.gloucs.sch.uk

By signing this form you are confirming that you have, to the best of your knowledge, disclosed any medical information which may be necessary for the school to know. You are also agreeing that the school nurse, or a member of staff trained in first aid, may attend to your child in the instance of injury, or when affected by a medical condition, for the sake of their health and wellbeing.

FARMOR'S SCHOOL PARENTAL DAY TRIP* CONSENT FOR 2023/2024

In addition to the medical information provided above

- I agree to my son/daughter taking part in activities and trips during this school year.
- I understand that the staff responsible for the activities will take all reasonable care of participants.
- I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation, anaesthetic or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

I consent to my son/daughter attending school trips YES/NO (please delete as appropriate)

If you answered No to the above question please provide more detail below.

I wish to withhold my consent for certain trips for the following reason(s):

Parent/Guardian signature:

Print Name:

Date:

Please attach any other relevant information to this form when returning it to the school office.

*a separate consent form will be issued for residential and foreign trips.