



Oakgrove School Trips and Visits Medical and Consent Form

Please complete this form, ensuring you have filled in all the green shaded boxes where appropriate and return it to the School Office

Student / Trips and Visits Information

Student Name					
Destination	Lowther Adventure, Rushton Road, Glendon, Kettering. NN14 1QF	Trip Leader	Miss Tompsett		
Year Group	Year 5	Departure Date	Monday 23 rd March 2020	Departure Time	9am
Form Group/ Mentor Group	Year 5 Pine	Return Date	Wednesday 25 th March 2020	Return Time	3.15pm

I agree to my son/daughter taking part in the above-mentioned visit and having read the letter and any additional information, agree to his/her participation in the activities described. I support the need for responsible behaviour on his/her part.

Medical Information

Does your son/daughter suffer from any medical conditions requiring medical treatment or medication?

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES please give details</i>		

Have you had a meeting with a member of staff to discuss an Individual Health Plan for your son/daughter?

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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To your knowledge has your son/daughter been in contact with any contagious or infectious diseases, or suffered from any illness in the last four weeks that may be or become contagious or infectious?

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES please give details</i>		

Is your son/daughter allergic to any form of medication?

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES please give details</i>		

Has your son/daughter received a tetanus injection in the last 5 years?

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Does your son/daughter have any special dietary requirements?

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES please give details</i>		

Does your son/daughter have any other issues that may affect them on this sleep over – eg bedwetting, night terrors, anxiety when away from home, sleep walking etc

YES

NO

If YES please give details

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Family Doctor Details

Doctors Name	<input type="text"/>	Practice Name	<input type="text"/>
Practice Address	<input type="text"/>		
Telephone	<input type="text"/>		

Parent/Carer Contact Details (1)

Contact Name	<input type="text"/>	Home Telephone	<input type="text"/>
Work Telephone	<input type="text"/>	Mobile Number	<input type="text"/>
Contact address during the trip/visit	<input type="text"/>		

Parent/Carer Contact Details (2)

Contact Name	<input type="text"/>	Home Telephone	<input type="text"/>
Work Telephone	<input type="text"/>	Mobile Number	<input type="text"/>
Contact address during the trip/visit	<input type="text"/>		

Parent/Carer Consent

Declaration: To the best of my knowledge, my son/daughter is not suffering from any condition that makes him/her unfit to participate in this trip/visit or the activities described in the information letter. I agree to my son/daughter receiving medical treatment, including an anesthetic, as considered necessary by trained medical authorities present.

I undertake to inform the Trip Leader, as soon as possible before departure, of any changes in medical circumstances between the date signed and the commencement of the trip/visit.

Parent/Carer Name	<input type="text"/>	Date	<input type="text"/>
Parent/Carer Signature	<input type="text"/>	Date	<input type="text"/>