



**PARENT / GUARDIAN CONSENT FOR RESIDENTIAL
EDUCATIONAL VISIT TO MOUNT COOK OUTDOOR EDUCATION
CENTRE, 26.04.2017 – 28.04.2017.
PLEASE RETURN TO SCHOOL BY FRIDAY 31ST MARCH 2017**

I agree to _____ (child's name taking part in this visit)

I have read the information sheet I agree to _____'s participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

1. Medical information about your child

- a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

- b) Please outline any food or other allergies and special dietary requirements of your child:

- c) Any recent illness or accident staff should be aware of?

- d) The type of pain/flu relief medication your child may be given if necessary:

For residential visits and exchanges only

- e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES/NO
If YES, please give brief details:

- f) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

- g) When did your son/daughter last have a tetanus injection:

Declaration

I agree to my son/daughter 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. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Name: _____

Work: _____ Home: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Email address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

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Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT