

BRINE LEAS SCHOOL – STUDENT FORM C

Parent/Guardian Consent for Menai

<u>Please ensure that you return this form to Brine Leas School as soon as possible. Unfortunately without this form being completed we cannot allow your child to take part in the visit. Thank you</u>

Department/Subject: Year 7	Group Leader: Mrs Brown	
Visit to: Menai, The Conway Centre Anglesey		
Start Date: Monday 16 th October 2017	Return Date: Friday 20 th October 2017	
Student Details:		
Name:		
Progress Tutor Group:	Date of Birth:	
Declaration:		
In the event of a medical emergency I agree to my chil as considered necessary by the medical authorities pre	d receiving medication as instructed and any of the following esent (please delete as appropriate):	
Medical Treatment/Emergency Dental Treatment/Su	rgical Treatment/Anaesthetic/ Blood Transfusion	
 I understand the extent and the limitations of the insu I understand what is involved in the visit and I agree to I acknowledge the need for my child to behave respon As part of the activities we may take photographs or v promotional material, including the local press. Pleas 	o my child's participation in the activities described sibly throughout the visit ideo footage to use in printed publications, publicity or	
Signed: Relationship to	Child: Date:	
Print Full Name (in capitals please):		
CONTACT DETAILS		
Parent/Guardian contact details:		
Name:	Relationship to Child:	
Home Address:		
Home Tel no: Mobile Tel No:	Work Tel No:	
Email address:		
Alternative Emergency Contact Details:		
Name:	Relationship to Child:	

Home Tel No:....

Mobile Tel No: Work Tel No:

L.	Does your child have any conditions which require medical treatment, including regular medication? YES/NO If yes, please provide details including the name of the medication, the amount to be administered and how frequently:
	IMPORTANT Please ensure that any medication your child is taking on this visit is clearly labelled with their name, progress group and daily dosage instructions. All medication should be handed your child's progress tutor at the start of the visit.
2.	Does your child have any food or other allergies and special dietary requirements? YES/NO If yes, please provide details including what medication must be administered in the event of a reaction:
3.	Has your child suffered any recent illness or had an accident that staff need to be made aware of? YES/NO If yes, please provide full details:
1.	Is your child allergic to any specific medication? YES/NO If yes, please provide full details:
5.	Please provide details of the type of pain/flu relief medication that your child may be given if required:
5.	To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffer from anything in the last four weeks that may be contagious or infectious? YES/NO If yes, please provide full details:
7.	When did your child have a tetanus injection?
3.	Is your child on the SEN register? If yes, please provide full details:
9.	Is there any other <u>important</u> information regarding your child's health and wellbeing that Brine Leas School should be aware of? YES/NO If yes, please provide full details: