

**OA4 Off-Site Activity Medical and Consent Form
September 2017 to September 2018**



We would be grateful if parents/carers could fill in and return this form to the school office via your child's class teacher. We will use the information to update the emergency contact information and medical information that we hold in school. Pupils cannot go on off-site visits without a current medical consent form. You will be asked to fill in another medical consent form if your child goes on a residential visit. Please inform the school office about any changes to this information that occur during the school year.

ORGANISATION: **Cheapside C E Primary School**
NAME of participant: _____ **male/female**
Important: This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Address of Participant: _____ Telephone No. (inc. STD): _____
 Post Code: _____ Date of Birth: _____

Emergency Contact DURING PERIOD OF ACTIVITY
 Name: _____
 Address: _____ Tel. No: _____
 Alternative Tel. No: _____
 Post Code: _____ Relationship to Participant: _____

DOCTORS name: Address: Post Code:	Telephone No. (inc. STD)	Details of last Tetanus injection date: OR, have you had one in the last 10 years? YES / NO
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Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.
 Please give current treatment including medication.
 Details of any special dietary requirements. (Please attach a separate sheet if necessary)

STATEMENT
 I give permission for our son/daughter to take part in off-site visits, including sporting fixtures, to be a member of a Cheapside School Team and travel in the care of a member of staff or parents to matches and other venues; this may include travel by car or coach where necessary.
STATEMENT
 I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING OFFSITE ACTIVITIES THROUGHOUT THE YEAR AND CONSENT TO THE ABOVE PERSON PARTICIPATING.
 I have ensured that my child/ I understand(s) the information for their/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the Leader of any changes in the fitness of the participant/myself prior to the date of departure.
 I accept full financial responsibility if they/I have to return home before the end of the trip because of inappropriate behaviour.
 I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.

Signed: _____ Parent/Guardian/Participant
 Date: _____