

# KIMBOLTON SCHOOL PARENTAL CONSENT FORM

TRIP/VISIT TO			
MEMBER OF STAFF RESPONSIBLE			
DATE AND TIME OF DEPARTURE		DATE AND TIME OF RETURN	

## EMERGENCY CONTACT

Name		Telephone Number	
GP Name		GP Telephone Number	

## MEDICAL INFORMATION/DIETARY REQUIREMENTS

Does your son/daughter suffer any conditions requiring medical treatment or medication? If yes, please ensure your child brings all appropriate medication.	YES / NO
If yes give details	

Is your son/daughter allergic to any medication?	YES / NO
If yes give details	

Can your son/daughter be given paracetamol based preparatory pain/flu relief medication if necessary:
YES / NO

Does your son/daughter have any special dietary requirements?	YES / NO
If yes give details	

I agree to my son/daughter      Name:       Form:

undertaking the above visit and, having read the information sheet, agree to his/her participation.

I understand that school rules will apply.

I undertake to inform the organiser or Headmaster as soon as possible of any change in the medical circumstances between the date of signature and the time of departure.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I understand the extent of the limitations of the insurance cover provided, details of which are available from the Bursar on request.

I have ensured that my son/daughter understands that it is important, for their own safety and that of the group, that rules and instructions given by the staff are followed.

Signed \_\_\_\_\_ Parent/Guardian      Date \_\_\_\_\_