

**Consent to Visits, Medical Details and Treatment Form**  
**(EV4)**

**Visit to:** Offsite Activities from September 2019- July 2020

Name of Student: .....

Form Group:.....

Date of Birth: ..... Male  Female

Home address:  
.....  
.....  
.....

Telephone No: .....

Emergency contact telephone numbers (home/mob/work)

- 1).....
- 2).....
- 3).....

Name, address and tel. no. of own doctor.....  
.....

Known Medical Conditions:  
.....  
.....  
.....  
.....

**PLEASE TURN OVER**

Known allergies:

.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Visit Leader)

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Are there any reasons that you know of that stops he/she from participating fully in the planned activities?

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Are there any activities in which he/she should not participate?

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Please indicate any special food dietary/requirements (if applicable):

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.....

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Other relevant Information:

I wish my child to take part in the educational visit offsite activity and having read the information provided, agree to his/her taking part in any or all of the activities described.

I agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetics or blood transfusion.

I also agree to the release of relevant and necessary medical information to school staff by the GP if circumstances are deemed necessary and appropriate.

Your name (Block capitals please): .....

Signature:..... Date: .....