



Thurton

Church of England VC Primary School

Medical Information and Consent Form
Ringsfield Residential Visit 10th – 11th July 2019



To be completed by Parent/Guardian (please use block capitals)

Pupil's full name: _____

Date of birth: ____/____/____

Home address: _____

_____ Post code: _____

Main telephone no: _____

Name of parent(s)/guardian(s):

(i) _____ Relationship: _____

(ii) _____ Relationship: _____

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) _____

_____ Tel. no. _____

(ii) _____

_____ Tel. no. _____

*All sections of this part of form **must be completed**. Please put 'none' where appropriate or 'not known' if you are unable to answer. Do not leave any section blank.*

Doctor's name: _____

Doctor's Tel. no: _____ NHS No.(if known): _____

Date of last known tetanus injection (if known): ____/____/____

Please give details of any recent illnesses:

Thurton Church of England VC Primary School

Ashby Road, Thurton, Norfolk, NR14 6AT

e. office@thurton.norfolk.sch.uk
t. 01508 480335

Headteacher:

Mr Jonathan Barber

Chair of Governors:

Mrs Maggie Coe

Vicar:

Revd. Chris Ellis



LOT Mark (Bronze)



PTO





Please give name and dosage of any medications currently being taken:

Please tell us about any allergies or intolerances, e.g., medicines, food, bee stings, etc. or

Is your child Vegetarian Vegan Other (please specify):

Please provide any other information which you feel might be useful that the Visit Leader should be aware of: phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc. Please use a separate sheet of paper if you prefer or if you need more space.

I am willing for my child to take part in the Ringsfield Residential Visit (Wednesday 10th - Thursday 11th July 2019) and I agree to his/her taking part in the planned activities.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

- I GIVE permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol tablets/suspension only which will be supplied by the school)**
- I DO NOT GIVE permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol tablets/suspension only which will be supplied by the school)**
WE MUST HAVE THIS INFORMATION

I agree to my child/ward 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.

Signature of Parent / Guardian: _____ Date: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.

