



**I UNDERSTAND THAT I WILL  
INFORM THE SCHOOL OFFICE  
IF THESE DETAILS  
CHANGE DURING THE  
ACADEMIC YEAR.**

**Signed: \_\_\_\_\_**

**ST JOSEPH'S CATHOLIC PRIMARY SCHOOL, MALMESBURY  
ANNUAL MEDICAL CONSENT FORM**

***THIS MEDICAL FORM WILL BE TAKEN OFF-SITE FOR THE PURPOSE OF THE SPECIFIED TRIP AND  
WILL BE THE RESPONSIBILITY OF THE CLASS TEACHER FOR THE DURATION OF THE TRIP.  
IT WILL SUBSEQUENTLY BE SECURELY LOCKED AWAY IN THE SCHOOL OFFICE.***

**NAME OF CHILD:**

**CLASS:**

**PARENT/GUARDIAN DETAILS:**

**NAME OF PARENT/GUARDIAN:**

**HOME ADDRESS AND POSTCODE:**

**HOME TELEPHONE NUMBER:**

**MOBILE TELEPHONE NUMBER:**

**NAME OF EMERGENCY CONTACT:**

**EMERGENCY CONTACT TELEPHONE  
NUMBER (INCL STD):**

**ALTERNATIVE EMERGENCY CONTACT  
& TELEPHONE NUMBER:**

***Please Turn Over***

<b>DOCTOR'S CONTACT DETAILS:</b>	
NAME OF CHILD'S DOCTOR:	
NAME OF SURGERY & TOWN:	
TELEPHONE NUMBER OF DOCTOR (INCL STD):	

<b>MEDICAL INFORMATION:</b>	
FOOD ALLERGIES OR OTHER SPECIAL DIETARY REQUIREMENTS:	
MEDICINAL ALLERGIES, MEDICAL REQUIREMENTS OR OTHER SPECIAL NEEDS (PLEASE PROVIDE FULL DETAILS OF DOSAGE AND WHO IS TO ADMINISTER ANY MEDICATION THAT MAY BE REQUIRED):	
HAS YOUR CHILD RECEIVED A TETANUS IN THE LAST 5 YEARS?	

<b>GENERAL:</b>	
I REQUEST THAT MY SON/DAUGHTER/WARD IS EXCLUDED FROM THE FOLLOWING:	
ANY OTHER DETAILS YOU MAY WISH TO MAKE THE ORGANISERS AWARE OF:	

<b>DECLARATION:</b>	
<p><b><u>In signing this document:</u></b></p> <p># I have read and fully understand the information relating to the proposed activity.</p> <p># I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged. I understand the extent and limitation of the insurance cover provided.</p> <p># I consider my son/daughter/ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date.</p> <p># I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.</p> <p># It is advisable that your son/daughter/ward does not bring any expensive electrical items. If they do, they are solely responsible for them. If they do decide to bring a mobile phone, it must be switched off at all times during the day.</p> <p># Under GDPR guidelines, I understand that I can withdraw my consent at any time.</p>	
NAME:	
SIGNATURE:	
DATE:	

**PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL OFFICE.  
FAILURE TO COMPLETE THIS FORM WILL RESULT IN YOUR CHILD BEING EXCLUDED FROM TRIPS.**