



**ST JOSEPHS CATHOLIC PRIMARY SCHOOL MALMESBURY  
MEDICAL CONSENT FORM**

**SCHOOL TRIP TO:**

**NAME OF CHILD**

**Parent/Guardian Details**

<b>Name of Parent/Guardian</b>	
<b>Address and Postcode</b>	<b>Home Telephone Number</b>
<b>Name of Emergency Contact</b>	<b>Relationship to pupil</b>
<b>Emergency Contact Telephone number (inc STD)</b>	<b>Alternative Emergency Contact Telephone Number (inc STD)</b>

**Doctors Contact Details**

<b>Name of child's doctor</b>
<b>Address and Postcode of doctor</b>
<b>Telephone number of doctor (inc STD)</b>

**Medical Information**

<b>Details of child's food allergies or other special dietary needs</b>
<b>Details of child's 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.)</b>

PLEASE TURN OVER →

Has your child received a tetanus in the last five years YES / NO

**General**

I require that my son/daughter/ward be excluded from the following:
Any other details you may wish to make the organisers aware of;

**Declaration**

<p><b>Declaration: PARENT/GUARDIAN</b></p> <p><b>In signing this document:</b></p> <ul style="list-style-type: none"><li>- I have read and fully understand the information relating to the proposed activity;</li><li>- 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;</li><li>- 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;</li><li>- 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;</li><li>- 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.</li></ul> <p>Name _____</p> <p>Signed _____ Date _____</p>
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**Please return completed form along with the required fee for the trip to the school office. Failure to complete this form will result in your child being excluded from the trip**