

JOHN MASEFIELD HIGH SCHOOL



Parental Consent for visits away from Ledbury

1. DETAILS OF VISIT

TRIP NAME/DESTINATION	
DEPARTURE DATE AND TIME	
RETURN DATE AND TIME	

NAME OF STUDENT		TUTOR GROUP	
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2. DECLARATION

- a. I consent to my child taking part in this visit and participating in any or all of the activities described.
- b. I understand the costing information and extent and limitations of the insurance cover provided. (a copy of the travel policy summary is available upon request)
- c. I acknowledge the need for good conduct and responsible behaviour by my child at all times and that if this is not adhered to, my child may be returned at my expense to the school.
- d. My child is in good health and able to participate in the proposed activities.
- e. I have completed the required medical details (overleaf).
- f. I understand that JMHS staff are not permitted, under any circumstances, to provide or administer non-prescribed medicines (eg paracetamol, ibuprofen, travel sickness tablets).
- g. I understand that if my child requires prescribed medication eg an epi-pen or inhaler and does not bring it on the day of the trip, they will not be permitted to travel.
- h. In the event of an emergency I agree to my child being given any medical, surgical, optical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- i. I will immediately notify the school of any changes in circumstances that affect my child's participation.
- j. I have noted where and when the students are to be returned and I understand that I am responsible for my child getting home safely from that place.

3. EMERGENCY CONTACT DETAILS

TELEPHONE NUMBERS	HOME WORK MOBILE
HOME ADDRESS	
ALTERNATIVE EMERGENCY CONTACT DETAILS	

NAME OF PARENT	
SIGNATURE	
DATE	

more overleaf

4. MEDICAL INFORMATION

Please:

- Ensure that all necessary and relevant medical information is given so that staff can look after your child appropriately. All information will be treated as confidential.
- Ensure you notify the school immediately if any of the information given below changes
- Be aware that JMHS staff are not permitted, under any circumstances, to provide or administer non-prescribed medicines (eg paracetamol, ibuprofen, travel sickness tablets). Students are, however, permitted to bring their own small quantities of medication, sufficient for the duration of the trip.

Does your child suffer from any medical condition requiring treatment?	YES	NO
Does your child take any medication on a regular basis?	YES	NO
Does your child use an inhaler?	YES	NO
Does your child carry an epi-pen?	YES	NO
Is your child allergic or sensitive to any medication, insect bites, food?	YES	NO
To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious.	YES	NO
If you have answered 'yes' to any of the above questions, please give further details here:		
Is your child fully up to date with tetanus immunisations? If yes, please give date of immunisation	YES	NO
Swimming Ability (if applicable to trip) Is your child able to swim 50 metres, is confident in the pool, sea or in open inland water and is safety conscious in water?	YES	NO

NAME OF FAMILY DOCTOR	
ADDRESS	
TELEPHONE NUMBER	

This form must be completed and returned to the Finance Department before your child will be allowed to take part in the school visit or journey.