

## Fleetville Junior School - Consent Form & Medical Information

Event:

Date:

Child's Full Name:

Class:

Date of Birth:

Does your child have a medical condition requiring treatment or medication? Y/N

If yes, please give details:

Does your child have any allergies? Y/N

If yes, please give details:

Any other information you wish to draw to the attention of the group leader:

### Emergency Contact Information for duration of visit

Names

Relationship

Tel.No(s).

### Declaration

I have received and understood the details of the visit.

I agree that \_\_\_\_\_(child's full name)

- can participate in the visit and activities described;
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary.

I undertake to inform the group leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the school's procedures in this respect.

Signed:

Relationship:

Name in capitals:

Date: