



## Annual Educational Visits Medical Information/Consent Form

This form requests medical and contact information for the named student and will be used for all low risk educational visits, day trips and off-site sporting activities. **The information on this form will be used for the duration of the named student's time at George Stephenson High School. No student will be allowed to attend any visit/activity unless this information/consent form has been fully completed and returned to school. It is the responsibility of the parent or guardian to keep the school updated of any changes to medical information. This document can be downloaded from the school website ([www.gshs.org.uk](http://www.gshs.org.uk)) and once completed, posted to the Main Office at the school address.**

You will be informed of the detail of each visit by letter at the appropriate time. Separate visit specific forms will be provided for **each residential/overseas** visit or **visits involving higher risk activities**, for which specific consent will be required.

<b>Student Name</b>				<b>Tutor Group</b>		<b>Date of Birth</b>	
<b>1. Medical Information</b>							
GP's name			Tel No				
Address							
Is your child currently vaccinated against tetanus?		YES	NO	Date of last booster			
May your child be given paracetamol?		YES	NO	May your child be given ibuprofen?		YES	NO
Does your child have any condition or illness not mentioned below that requires medical or surgical treatment, including medication? If YES please provide details below:						YES	NO
Does your child suffer from any of the following conditions? Please tick as many as are applicable:						YES	NO
Anxiety or depression		Asthma or bronchitis		Heart condition		Fits, fainting/blackouts	
Severe headaches / migraines		Heart condition		Diabetes (sugar tolerance issues)		Travel sickness (car, bus, sea or air)	
Does your child have any allergies? (dietary / medicinal / materials / animals / insects)		YES	NO	If yes please give details:			
Specific dietary requirements:							
Any other relevant information:							
<b>Please note:</b>							
1. Where medication is required, an adequate amount for the entire visit must be provided in its original packaging, labelled with the student's name, the name of the medication, the condition which it treats and the appropriate dosage.							
2. If specific advice needs to be followed in an emergency, these details and a doctor's letter, confirming the treatment and fitness to participate in the individual visit must be provided.							

**2. Contact Information**

In case of an emergency, please use the following contact telephone numbers, in order of preference:

<b>First preference</b>	Name		Home telephone	
Relationship to student			Work telephone	
Address			Mobile telephone	
<b>Second preference</b>	Name		Home telephone	
Relationship to student			Work telephone	
Address			Mobile telephone	
<b>Third preference</b>	Name		Home telephone	
Relationship to student			Work telephone	
Address			Mobile telephone	

**3. Consent**

I agree that my child may attend and participate in all low risk educational visits, day trips and off-site sporting activities organised by George Stephenson High School for the duration of their time at the school.

I have ensured that my child understands that it is imperative for their safety, and the safety of the group, that rules and instructions given by persons in charge of the visit/activities are obeyed. I accept that if my child does not meet the Code of Conduct requirements then he/she may be returned home, accompanied by an adult, before the end of the trip and that I will be required to bear the cost of this.

I authorise members of staff to approve such medical treatment for my child as is deemed necessary in an emergency. While I understand that the school will use all reasonable endeavours to contact me, I agree to my child receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present and that I will be responsible for any costs not covered by insurance.

I do not agree to my child receiving the following medical treatment (please specify if any):  
 .....

I understand and accept that it is **my responsibility to update the school** should there be any changes to the medical information about my child. This form can be downloaded from the school website at any time.

I agree to this form being used solely for the purpose of organising educational visits and understand that it will be destroyed when my child leaves George Stephenson High School.

Parent/Guardian's Signature		Date	
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**THE INFORMATION ON THIS FORM WILL BE TAKEN ON EVERY VISIT BY THE GROUP LEADER.**