

# Blanket Consent Form

Please complete this form giving all relevant details. It will be referred to every time the pupil participates in away sports fixtures, an offsite visit within the school day or a local evening visit. You will be given written information concerning every proposed educational visit for your son/daughter and asked to sign a separate short permission form in each case.

Name of pupil:			Form:	
Home address:			Pupil's mobile no:	
			Home telephone no:	
			Work telephone no:	
			Mobile telephone no:	
Primary Contact mobile tel. no:				
Primary Contact email:				
e-Billing email address:				
Alternative emergency contact name:				
Address:				
Tel Numbers:	Home:		Mobile:	
Medical information concerning pupil:				
a	Does the pupil have any special dietary requirements?			
b	Has the pupil suffered from any of the following?			
	Asthma or bronchitis		YES/NO	
	Heart condition		YES/NO	
	Fits, fainting or blackouts		YES/NO	
	Severe headaches or migraine		YES/NO	
	Allergies to any known drug		YES/NO	
	Other allergies, e.g. food, materials		YES/NO	
Other illnesses or disability not named		YES/NO		
If the answer to any of the above is <b>YES</b> , please give details below:				
c	Is the pupil currently vaccinated against tetanus?		YES/NO	
	Date of injection:	Date of booster:		
d	Is the pupil prone to travel sickness?		YES/NO	
	If <b>YES</b> , please give the name of travel sickness pills normally administered (by yourself) if any.			
e	Please give your family doctor's name, address and telephone number:			
	Name:	Tel. No.		
	Address:			
	Is the pupil receiving medical or surgical treatment from your family doctor or hospital and/or has he/she been given specific advice to follow in emergencies?			YES/NO
If <b>YES</b> , please give details below and supply a doctor's letter confirming the treatment and that your son/daughter is fit to travel.				

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f	Does the pupil require medication(s)?	YES/NO
	If YES, please give full details below and include name of medication(s), dose and frequency of administration.	
g	Please write here any further information which you feel may be of assistance to the staff in charge of an educational visit.	

**Transport**

I consent to the pupil travelling by any form of private or public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorised by law and duly insured to drive.

**Accident/Illness**

I consent to the pupil receiving medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

**Remotely supervised time (usually senior school only)**

I consent to the pupil having remotely supervised time in the daytime in a group of pupils with the prior permission of the party leader.

**Personal effects of the pupil**

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the school responsible for losses unless caused by the negligence of the school.

**Insurance**

I know of no information that may affect the insurance cover provided, the extent and limitations of which can be obtained from the school office.

**Signature of parents/guardians**

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested above and overleaf. I have read and understood and I consent to the matters set out above and overleaf.

**I agree to inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey.**

Signed:

Relationship to pupil:

Date:

**I the above named pupil promise to observe the pupil code of conduct for visits. I will do my best to ensure the safety of myself and other members of any party. I will obey the laws of the country. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the school.**

Signed by the pupil:

Date:

**THIS FORM WILL BE KEPT IN THE SCHOOL OFFICE AND A COPY WILL BE TAKEN BY THE PARTY LEADER ON ANY EDUCATIONAL VISIT.**