



Parent / Carer Consent & Medical Form: Excursion Over Night

Name of School: **Lockerbie Academy**

I hereby give permission for my son / daughter

Name of pupil: _____

To take part in:

To travel to and from:

Trip dates:

Cost to Parent / Carer:

I understand that if he/she has to be sent home on disciplinary grounds, the cost involved will require to be met by me.

I also understand that if he/she fails to maintain certain standards of attendance and behaviour up until the trip, then the school may withdraw him/her from the trip without a full refund.

I also give permission for my son / daughter to be photographed or filmed provided this is only used as a record of the trip or for publicity.

Parent's / Carer's (signature): _____

Parent / Carer (block capitals): _____

Emergency Contact Details (please complete in block capitals):

My address and telephone number during the period will be:

Address: _____

Telephone: _____ Mobile: _____

If, in an emergency, I cannot be contacted at the above numbers please contact:

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Mobile: _____

Please complete the Medical Form on the reverse

Please return this form to:

No later than:

Medical Form

It is very important for the safety and well-being of your child that our staff are aware of any medical condition(s) they may have. We would appreciate your help in this matter and all information will be treated in the strictest confidence.

School: **Lockerbie Academy** **Name of Pupil:** _____

Date of birth: _____ **NHS number (if known):** _____

Doctor's name: _____

Surgery address _____

_____ **Surgery telephone:** _____

Please **tick** either **Yes** or **No** below as appropriate. If **Yes**, please provide further details including current medication. Please indicate with a **tick** if you wish your child to be responsible for taking his/her own medicine, or if you would prefer adult supervision.

	No	Yes	Further Details including medicine and dosage	Adult supervision	Self-administered
Any recent injury or illness					
Asthma					
Does your child currently use an inhaler?					
Diabetes					
Epilepsy					
Hay fever					
Heart condition					
Any known allergy to medicine (eg penicillin)					

Are any of the conditions you have answered yes to above not known to the child? (please give details)

Is there any other condition not listed above that we should be aware of, including any mental health difficulties?

Are there any special dietary requirements?

If at any time, during the visit he/she requires urgent medical treatment I give permission, provided I cannot be contacted, to the doctor or surgeon designated to make any decision necessary including administering an anaesthetic.

Parent's/Carer's signature: _____ **Date:** _____

Relationship: _____