



10 October 2017

Dear Parent(s)/Carer(s),

EV4 Parental Consent Form

Please find enclosed an EV4 Parental Consent Form, which we require completing for your child on an annual basis. This form grants us permission to take your child on school trips, provides emergency contact information and outlines any special medical or dietary requirements.

Please complete the form and return to the office by Friday 20 October 2017.

Students will not be permitted to attend school trips, or take part in sports fixtures outside of school without this.

Thank you for your cooperation in this matter.

Yours faithfully,

Mrs J Brown
Head of School

EV4 PARENTAL CONSENT FORM (Confidential)



Master form for the academic year 2017–2018.

This form will be kept on file and used for all activities organised by the school.

Name of student	
Date of birth	Year group

I agree to the information I am providing below being used for the purpose of school activities/trips that are organised by Nottingham Free School. I agree to inform the school immediately if any of the medical or contact information changes. I acknowledge the need for obedient and responsible behaviour on his/her part and I understand that there is some level of risk in every activity but that this will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for students to be transported in staff vehicles.

Are there any activities in which your child cannot participate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	

I give permission for my son/daughter's name to be included in the collective passport to be held by the group leader	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If water activities are involved, is your child confident in water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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MEDICAL INFORMATION, DECLARATIONS AND CONSENT

Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please give details of anything the leader needs to know about to safely care for your child (eg. Illness, travel sickness, allergies, night-time tendencies—sleep-walking, nightmares, bed-wetting):

DETAILS OF MEDICATION

Name of medication	Dosage	Time of day / circumstances to be given	Method of administration
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I give my consent for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent for my son/daughter to self-administer the above drugs.

Is your son/daughter allergic to any medication?

Yes

No

If Yes, please give details:

When did your son/daughter last receive a tetanus injection?

Please outline any special dietary requirements of your child:

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I undertake to inform the school as soon as possible of any change in the information given on this form.

EMERGENCY CONTACT 1

Name

Mobile no.

Home telephone no.

Work telephone no.

Address

EMERGENCY CONTACT 2

Name

Mobile no.

Home telephone no.

Work telephone no.

Address

FAMILY CONTACT

Name of doctor

Contact no.

Address

Additional relevant information:

Signature (Parent/Carer)

Date

One copy to be held by the school | One copy to be taken by the leader on the visit