



Consent and Medical Form

General Information – please complete in CAPITAL letters

Full Name(s) of child: _____

Date of Birth: _____

Home address of pupil: _____

Emergency Contact Name: _____

Relationship to child: _____

Emergency Tel No. _____ (Day)

Emergency Tel No. _____ (Evening)

Name & Address of child's doctor:

Medical Information

Parents/carers are responsible for providing adequate information regarding their child's condition and medication. To ensure the safe administration of medication, please complete this form in full.

1. Is your child suffering, or have they suffered in the last six months from any allergy? YES/NO
If yes, please give details:
2. Is your child suffering or have they suffered in the last 6 months, from any particular illness or health problems? If yes, please give details: YES/NO
3. Is your child taking any medicine or tablets? YES/NO
If yes, please give details:
4. Is your child is taking any medication which has not been prescribed by their doctor? YES/NO
If yes, please give details:

IF YES, IT MUST BE HANDED TO THE PARTY LEADER BEFORE DEPARTURE WITH CLEAR INSTRUCTIONS FOR USE.

5. Are you happy for your child to be given paracetamol? YES/NO
6. Are you happy for your child to be given antihistamines? YES/NO
7. Are you happy for your child to be given travel sickness pills? YES/NO
8. Is there a possibility that your child may wet the bed/ sleep walk during their visit? YES/NO
If yes please give details:
9. Has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? YES/NO
If yes please give details:
10. Does your child suffer from diabetes or epilepsy? If so, which? YES/NO

If YES please send written details of treatment obtained from your child's doctor.
(PARTY LEADER; If yes, does the Head of Centre and School Nurse approve of the visit?)
11. Is your child allergic to any medication? If YES, please give details: YES/NO
12. Does your child require a special diet for medical reasons? If YES, please give details: YES/NO
13. Is your child up to date with all their immunisations? YES/NO
14. Please give any further relevant information.

Does your child require a special diet for religious reasons? If yes please give details:

Declaration by parent or guardian

I consent to my child taking part in all activities* listed in the programme and to receiving any necessary emergency medical or dental treatment during his/her visit to The Gordon Brown Centre. ☐

I consent to my child's photo being taken and used on school twitter account. ☐

I support the code of conduct agreed by my child. ☐

Signed: _____

Date: _____

Print name in CAPITALS: _____