

Taster Sessions for Year4

**CONFIDENTIAL Year4
CONSENT FORM:**

Pupils name _____

Date of attendance -----

I agree to my son/daughter taking part in the taster session at Ponteland Community Middle School. I will receive and read details of the visit prior to it taking place, and will inform the school if I am not in agreement to his/her participation in any or all of the activities described, **(see 1.1 below)**. I acknowledge the need for obedience and responsible behaviour on his or her part. I understand the extent and limitations of the insurance cover provided.

MEDICAL INFORMATION, DECLARATION AND CONSENT:

In your child's interest, it is important that the school should know whether he or she has any illness or medical condition.

2.1 Son/daughter's date of birth: ____/____/____

2.2 Does your child suffer from any conditions of which the teacher leading the session should be aware?

Yes

No

N/A

If **yes**, please give details, e.g. illness, travel sickness, allergies, etc:

2.3 Details of any medication:

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

I give my consent** for a member of staff to administer the above medication which I will deliver to the group leader before the session. I understand the staff leading the sessions are not qualified 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 medication.

** delete if not applicable

continue over

MEDICAL INFORMATION, DECLARATION AND CONSENT (continued):

2.4. To the best of your knowledge, has your son/daughter 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 N/A

If **yes**, please give brief details:

2.5. Is your son/daughter allergic to any medication?

Yes No N/A

If **Yes**, Please specify

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

2.7. Please outline below any special dietary requirements of your child:

2.8. I undertake to inform the Visit Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and attendance.

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

CONTACT TELEPHONE NUMBERS:

3.1. I may be contacted by telephoning the following numbers:

Work telephone no.: _____ Home telephone no.: _____

Home address: _____

Email address _____

3.2. If I am not available, please contact:

Name: _____ Home telephone no.: _____

Home address: _____

3.3. **Family Doctor:**

Name: _____ telephone no.: _____

Address: _____

ANY OTHER RELEVANT INFORMATION:

SIGNATURE: _____

DATE: _____

FULL NAME (capitals): _____