

**King Edward VI Aston School**  
**Parental Consent Form**

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth** \_\_\_/\_\_\_/\_\_\_\_\_

**School:** King Edward VI Aston School \_\_\_\_\_ **Form:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Details of trip / activity**

**Place to be visited:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ (date/time)

**Medical and dietary information. Please give full details.**

**Name and address of student's doctor:**

\_\_\_\_\_

**Any medical conditions (whether they require medical treatment or not):**

\_\_\_\_\_

**Any allergies at all, including allergies to medication:**

\_\_\_\_\_

**Please list any medication that your child will have with him (and details of use):**

\_\_\_\_\_

\_\_\_\_\_

**Dietary requirements (please don't put likes and dislikes):**

\_\_\_\_\_

\_\_\_\_\_

**Emergency contact details:** (you do not need to add all four numbers)

**Home telephone number:** \_\_\_\_\_ **named person:** \_\_\_\_\_

**Mobile number:** \_\_\_\_\_ **named person:** \_\_\_\_\_

**2<sup>nd</sup> telephone contact:** \_\_\_\_\_ **named person:** \_\_\_\_\_

**3<sup>rd</sup> telephone contact:** \_\_\_\_\_ **named person:** \_\_\_\_\_

**Declaration:**

I agree to my son taking part in this visit / activity. I have read the information provided and allow him to participate in all of the activities described. I will impress upon him the need to follow instructions and for responsible behaviour at all times. I am aware that King Edward VI Aston School follows the appropriate guidelines when organising educational visits. I am also aware that visits are always well organised with particular attention paid to health and safety. I understand that there can be no absolute guarantee of safety, but appreciate that the leaders of the visit retain the same legal responsibilities for pupils as they have in schools and will do everything that is reasonably practicable to ensure the safety of everyone on the visit.

**Medical treatment consent:**

If your son should require any form of medical treatment whilst on the school trip then we will do all that we can to contact you for any decisions that need to be made. If, however, we are unable to contact you, we will make those decisions as we will be acting in loco parentis. In all cases the advice of the medical professional will be taken.

Even if no decisions are needed for treatment, we will inform you of any accidents or injuries over and above minor bumps and grazes.

**Medication:**

Specific medication that you have listed on the front of this sheet should be discussed with the party leader so that it can be stored appropriately and its administration checked upon.

Every day medications such as pain killers or sun block should be brought by your son on the trip and will be self administered. He must inform staff if he has taken pain killers. If a pupil requests pain killers or sun block from staff, these will be given unless you say otherwise below.

My son **may be given** – **may not be given** every day medications such as pain killers or sun block.  
*(Please cross out the appropriate item in bold)*

**Declaration:**

I agree to my son receiving medication as instructed, and any emergency dental, medical or surgical treatment, including stitches, casts, anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed \_\_\_\_\_ Full name (capitals) \_\_\_\_\_

Relationship to pupil \_\_\_\_\_ Date \_\_\_\_\_