

**KING EDWARD VI ASTON SCHOOL
PARENT CONSENT FORM**

Son's name:		Form:	
Details of Journey:			
Journey/visit to:	Drayton Manor 12th July 2019		
Time departing: 9.00am	Time returning: 3.35pm		
I agree to my son taking part in the above mentioned visit and, having read the information sheet, agree to his participation in any or all of the activities described. I acknowledge the need for a willingness to follow instructions and responsible behaviour on his part.			
Medical information:			
Does your son suffer from any conditions requiring medical treatment including medication? If YES, please give brief details.			
To the best of your knowledge, has your son 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? If YES, please give brief details.			
Does your son have any allergies including allergies to medications? If YES, please specify.			
Has your son receive a tetanus injection in the last five years?	YES/NO		
Please outline any special dietary requirements of your child.			
Declaration:			
I agree to my son receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.			
I may be contacted by telephone on the following numbers:	Home: Work: Mobile:		
My home address is:			
If not available at above, please contact:	Name: Address: Phone:		
Contact details of family doctor:	Name: Phone:		
Signed:	Date:		
Pupils Mobile number:			

This form, or a copy, must be taken by the organiser of the activity. During holidays, a copy should be retained by the Headmaster.