



**St Peter and St Paul
Lincoln's Catholic High School**

PARENTAL/MEDICAL CONSENT

Wimbledon

Date: Monday 27th to Tuesday 28th June 2021

Name of Pupil: Year Group:

I/we agree to my/our son/daughter taking part in the above visit. I/We agree to his/her participation in any or all of the activities subject to them being properly risk assessed. I/We acknowledge the need for obedience and responsible behaviour on his/her part.

MEDICAL

Does your child suffer from any medical conditions requiring medical treatment, including medication?

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.....

Is your child allergic to any medication?

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.....

In the event of a minor ailment what, if any, medication can we give your child and in what dosage?

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.....

DIETARY

Does your child have any special dietary requirements?

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Is your child allergic to any food groups?

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DECLARATION:

I agree to my child receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I am aware of the extents and limitations of the insurance cover provided and understand that I can take out added insurance cover should I so wish.

All the medical information I have given is correct and up to date at the time this form was completed. If there are any changes prior to the trip taking place, I will inform St Peter & St Paul Catholic Voluntary Academy.

CONTACT DETAILS

I may be contacted by phoning the following numbers:

Home:.....

Work:.....

Mobile:.....

My Home Address is:

.....
.....
.....

If I am unavailable please contact:

Priority	Name	Phone	Relationship
.....
.....
.....

FAMILY DOCTOR

ADDRESS:

.....

..... **PHONE:**

.....

SIGNED: **NAME IN CAPITALS:**.....

RELATIONSHIP TO PUPIL: **DATE:**