**Medical information and consent form**

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| **Trip Name:\_Liverpool Trip Thursday 18 July\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Childs Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| 1. Does your child/ young person suffer from any conditions requiring medical treatment? **YES / NO\***     *If YES, please give brief details and describe the medication, the dosage and frequency required.* | |
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| 1. **If your child/ young person has been diagnosed with asthma you must ensure that any prescribed inhalers on the school trip.** Please sign below to confirm your agreement that we may use a school salbutamol inhaler if the pupil’s prescribed inhaler is not available, broken, or empty.   I agree to the school using a salbutamol inhaler……………………………………………………………. | |
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| 1. Is your child/ young person allergic to any medication or suffers from any allergies? YES/NO\*   If YES please specify | |
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| 1. Please outline any special dietary requirements of your child. | |
| **Declaration**  The School or its agents will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the School’s negligence. I understand that the decision to provide emergency medical treatment rests with the medical authority. I will provide information below to assist a medical practitioner in their decision to give emergency treatment.  The school can share my information with emergency services and other specialist parties if required and as needed for the purposes of health, safety and wellbeing. | |
| **Emergency contacts (two required)** | |
| Person 1 Name: | Relationship to child / young person: |
| Telephone: | Telephone (other): |
| Person 2 Name: | Relationship to child / young person: |
| Telephone: | Telephone (other): |
| **Student mobile number for trip (Please add)** | Mobile: |
| **Declaration of consent:**  I agree to my child/ young person taking part in the visit outlined above and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.  I undertake to inform the Visit Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the commencement of the visit. | |
| \*“Under the terms of the Data Protection Act 2018 we must inform you of the following. By signing this form you are giving your explicit consent to the School to process your data. The processing involved will be for the purpose of monitoring Health and Safety in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies.  I consent to the School processing the information detailed in this form. I understand that this will be used by the school in pursuance of its business purposes and my consent is conditional upon the School complying with their obligations under the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2018” | |
| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |