

PARENTS CONSENT AND MEDICAL FORM
Rother Valley Enrichment Programme

Course Title	Year 6 Experience Day
From (date/time):	Wednesday 26 September 9.30am
Until (date/time):	Wednesday 26 September 2.00pm.

CONTACT INFORMATION		DOCTOR'S DETAILS	
Student name		Name of doctor	
Date of birth		Doctor's address	
Full home address			
Emergency contact numbers during trip		Doctor's telephone number	

MEDICAL INFORMATION/CONSENT– please answer the questions and sign below:

Should your child need to carry or have access to an emergency medicine delivery device (such as an Epi-pen), their school will need to take the pen to the course and will supply this and inform the teacher in charge of this immediately on arrival (the hosting school will already have been informed). The staff will use any information provided to act in the best interests of your child, including assisting them to use emergency medicine delivery systems. Any pupil that requires an Epi-pen will need to have a trained member of staff either at the hosting venue or a member of staff will be required to attend the course with them.

Has your son/daughter had any of the following:	Y/N	If the answer to any of these questions is yes please give details(or attach on a separate sheet)
Asthma or bronchitis?	Y/N	
Heart Condition?	Y/N	
Fits/fainting/blackouts?	Y/N	
Severe headaches?	Y/N	
Diabetes?	Y/N	
Allergies to any medications?	Y/N	
Any other allergies?	Y/N	
Recent contact with contagious diseases/infections?	Y/N	
Other illness or disability including any current medical treatment?	Y/N	
Specific medical advice to follow in emergencies?	Y/N	
Special dietary requirements?	Y/N	
Prone to travel sickness?	Y/N	
Has your child been vaccinated against tetanus in the last 10 years?	Y/N	
Is your child currently having any medical treatment/taking medication (please provide full details)	Y/N	
I consent to any emergency medical treatment necessary during the course of the visit		SIGNED: <div></div> Parent/Guardian

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PARENTAL AGREEMENT – please read and sign below

I wish my child to be allowed to take part in the above mentioned course and, having read the course details, agree to his/her taking part in any or all the activities described.

I have ensured that my child understands it is important for his/her safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

I understand that while the staff and helpers in charge of the group will take all reasonable care of the young people, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter, arising from the activity.

Personal effects of the pupil

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the host school responsible for losses unless caused by the negligence of the host school.

Photography and Internet

I do/do not (please delete) give my permission for my child's photo to be taken at this event. Photographs will be taken at these events and some of these photographs may be published on the Rother Valley Schools websites or on promotional material. If internet access is required as part of the course, this will be in accordance with WSCC policy.

Signature of parents/guardians

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested above and overleaf. I have read and understood and I consent to the matters set out above and overleaf.

I agree to inform Mrs Hathaway at Midhurst Rother College 01730 819762, as soon as possible, of any changes in the medical or other circumstances between now and the commencement of the course.

SIGNED:

(Parent/Guardian)