



The Discovery School

Year 6 PGL Residential

Emergency Contact Details/ Medical Consent Form

Child's Name _____ Class _____

EMERGENCY CONTACT DETAILS: The following telephone numbers may be used by members of staff during the trip.

Parent name: _____

Home telephone: _____ Mobile: _____ Work: _____

Alternative emergency contact:

Name: _____ Telephone: _____

MEDICAL INFORMATION AND CONSENT:

Please inform us of any medical condition or medication that your child takes regularly by completing the attached separate form.

If required, do you give permission for a member of staff to give your child Calpol (paracetamol)?
(The school will provide this medicine).

Yes No

Should the necessity arise, do you give permission for a member of staff to give consent on your behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given?

Yes No

Should any details alter before the trip, please ensure you inform us of the changes.

Parent name: _____ Signature: _____



MEDICAL/ ADDITIONAL MEDICINES INFORMATION:

Name of child: _____ **Class:** _____

Please give details of any medical condition or allergies your child has:

Please give details of any additional or prescribed medicines your child takes and sign to give permission for a member of staff to administer them:

Medical condition: _____

Medication name: _____

Dose and frequency: _____

When to administer dose: _____

Medical condition: _____

Medication name: _____

Dose and frequency: _____

When to administer dose: _____

Medical condition: _____

Medication name: _____

Dose and frequency: _____

When to administer dose: _____

I give permission for a member of staff to administer the above specified medicines to my child.

Parent name: _____ Signature: _____