

**S H A R M A N S   C R O S S   J U N I O R   S C H O O L**  
**E D U C A T I O N A L   V I S I T :   F O R M   O F   C O N S E N T**

**Name of Child:** \_\_\_\_\_

**IN CASE OF EMERGENCY**

Do you give accompanying staff, the authority to give your child 'simple' treatment:

YES/NO

Do you give accompanying staff, the authority to give your child a paracetamol suspension if required:

YES/NO I would like you to contact me first.

Does your child suffer from any illness that calls for special attention whilst in Red Ridge e.g. asthma, diabetes etc. Please indicate:-

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In the unlikely event that medical or surgical treatment becomes necessary we will make every effort to seek further consent from parents before treatment is given. Treatment may be urgent and it may be difficult to contact the parents within reasonable time. Therefore, parents are asked to authorise the teacher in charge to give permission to the Doctor in charge to undertake to act in their absence, and to give consent to whatever treatment may be necessary. It is understood that he/she will only act in a case of emergency. If you agree to this please sign below.

I \_\_\_\_\_ (name of Parent/Guardian) hereby authorise the teachers in charge (Mrs Snowden/Mrs Harrison/Mr Butler) to give permission to the Doctor in charge to undertake whatever emergency treatment is considered necessary for my son/daughter.

Any relevant medical information (e.g. allergies to drugs etc.) \_\_\_\_\_

Date of last tetanus injection (if known) \_\_\_\_\_

Daytime emergency contact telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

Doctor's Name, Telephone No. and address

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**DIETARY REQUIREMENTS**

If there are any special dietary requirements (e.g. vegetarian, allergies to foods or colouring) please state below:-

**Please return by Monday 8<sup>th</sup> September 2014**