

THE MARTIN HIGH SCHOOL
PARENTAL AND MEDICAL CONSENT FORM

Details of Visit:

Visit to:	Date:
Time departing	Time returning

I agree to my son/daughter/ward (name) taking part in the above visit and, having read the information sheet, agree to his/her participation in the activities described. Having read the information sheet I declare my child to be in good health and physically able to participate in all of the activities mentioned. I acknowledge the need for good conduct and responsible behaviour on his/her part.

Medical information about your Child:

Does your child suffer from any conditions requiring medical treatment, including medication? YES/NO

If yes, please give brief details:

Please outline the type of pain/flu relief medication your child may be given if necessary:

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO If yes, please give brief details:

Is your child allergic to any medication? YES?NO. If yes, please give details:

When did your child last receive a tetanus injection?

Does your child have any special dietary requirements? YES/NO If yes, give details.

Insurance cover

I understand that the visit is insured in respect of 3rd party liability but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit.

Name, address and telephone number of family doctor:

Emergency Contacts

I may be contacted by telephoning the following numbers (please include all persons with legal responsibility for your child)

Priority	Name/Address	Home tel	Work tel	Mobile
1				
2				
3				

Declaration:

- I have read the attached information provided about the proposed visit and the insurance arrangements.
- I have noted where and when the children are to be returned and I understand that I am responsible for getting my child home safely from that place.
- I am aware of the levels of insurance cover.
- I will ensure that any change in circumstances which will affect my child's participation in the visit will be notified to the organiser prior to the visit.
- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic and blood transfusions as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed:

Name:

CONTRACT FOR CODE OF CONDUCT

I have read, understand and will follow the Code of Conduct, as published on the school website, and to help ensure my own safety and welfare, and that of other students, as well as the success of the tour, I agree that:

- I will respond to staff in a positive and pleasant manner and follow all instructions given by staff. I will accept decisions made by staff regarding acceptable behaviour as outlined in the Code of Conduct.
- I understand and confirm that when I have allocated free time, I will remain in a group with a minimum of three people.
- I will not carry or consume alcohol and I understand it will be destroyed by staff if found.
- I will not carry, purchase or use solvents or illegal substances, or supply them to others.
- I will not purchase or carry any items prohibited by members of staff. I understand that if I do, it will be confiscated and destroyed by staff.

Signature of pupil:

Date:

To be signed by the parent/guardian

I agree to the above code of conduct for the visit and I understand that if my son or daughter disregards it, in the most extreme circumstance, I may be required to bring my child home at my own expense.

Signed:

Date: