

OFF-SITE VISITS PARENTAL APPROVAL PRO-FORMA

Please complete ALL sections on this form & Return to PUPIL SERVICES

This Form is to be returned by (<i>date</i>):	
School:	Harrytown Catholic High School

Pupil Details	
Surname:	
Forename(s):	
Date of Birth:	
Registration Group:	

Medical Information	<i>Please indicate</i>
Does your son/daughter have any illness or physical disability? If so please describe: (Continue on a separate sheet if needed) _____ _____ _____	Yes / No
If medical treatment is required, please describe: _____ _____ _____	
To the best of your knowledge has she/he been in contact with any contagious or infectious disease since you last completed a Medical form? If so, please give brief details: _____ _____	Yes / No
Is he/she allergic to any medication? If so, please give brief details: _____ _____ _____	Yes / No
Has your son/daughter received a tetanus injection in the last 5 years?	Yes / No
Please indicate any special dietary requirements due to medical, religious or moral reasons. _____ _____ _____	

Home Contact Information	
Name:	
Address:	
Home Telephone No.	
Work Telephone No.	
Mobile Telephone No.	
Emergency contact information if different from that above	
Name:	
Address:	
Tel No.	
Mob No.	

Name of Family Doctor	
Telephone Nos.	
Address:	

Parental Declaration	
<p>I give permission for my daughter/son _____ (insert name) to take part in the school visits and organised activities for the academic year starting September 2017.</p> <p>I am aware that the school's educational visits are well organised with particular attention to health and safety. I understand that there can be no absolute guarantee of safety, but appreciate that the Party Leader will do everything that is reasonably practicable to ensure the safety of everyone taking part.</p> <p>I undertake to inform the school and trip organiser of any relevant changes in medical/dietary circumstances occurring before any trip.</p> <p>I understand the extent and limitations of the insurance cover provided.</p> <p>I hereby authorise any accompanying adult member of the school party to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.</p>	
Signed Parent/Guardian:	
Date:	

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