AYLESBURY GRAMMAR SCHOOL

PARENTAL CONSENT AND MEDICAL HEALTH CARE INFORMATION FORM FOR SCHOOL ADMINISTRATION AND OFF SITE ACTIVITIES
THIS FORM IS REQUIRED FOR EVERY SCHOOL TRIP/VISIT

Please complete both sides of this form ensuring all contact details, phone numbers & emails are included. This information is extremely important and is used if medical emergency was to occur during the school day in the case of a delayed trip or an emergency on a trip. This will start Autumn Term 2018– September 2019. Please return to the School Office A.S.A.P.

FOR ALL SCHOOL VISITS (Residential and Day) from July 2018 until 30th September 2019.

This information will also be used as a Health Care Plan within the school, as well on school visits.
I agree to my son:

Name: ……

D.O.B. ……

Tutor Group ……

taking part in residential/off site activities arranged by Aylesbury Grammar School, Including participation in the activities which will apply to the visit and described in the information letter which I receive for **each** visit. I understand that I may withdraw this consent at any time. I will then give consent for each visit on a single acknowledgement slip.
I support the need for obedience and responsible behaviour on his part as in the **Schools Code of Conduct** which I have read. If my son has been in contact with /or travelled to a country that has any contagious/ infectious disease or suffered from anything that may be contagious or infectious prior to a visit, I will inform the school immediately.
SIGNED_____**Parent/Carer Print name**_____ **Date**_____

MEDICAL HEALTH CARE INFORMATION - This information will be used in school and on visits- IT IS IMPORTANT TO GIVE FULL DETAILS OF ALL CONDITIONS & MEDICATION Should you wish to fill in a more detailed **Health Care Plan** you will find this on the AGS Website. Please indicate by TICKING the box below should any of these or another condition apply to your son.

ADHD	Allergy/Epipen	ASD	Asthma
Diabetes	Eczema	Epilepsy	Hayfever
Hearing	Medication	Migraine	Mobility
Vision	Other		

If you have ticked one or more of the boxes, please give further details _____

_____

_____

Has your son received a tetanus injection in the last 5 years? **YES/ NO** Date if Known.....

ADMINISTRATION OF MEDICATION

Are you happy for your son to administer his own medication: **YES / NO**

Do you give permission for a member of staff to administer the emergency generic inhaler (if your son is asthmatic and has a prescription inhaler) should your son not have his inhaler with him **YES / NO**

Do you give permission for a member of staff to administer his medication when appropriate **YES / NO**

PARACETAMOL - **PAIN/FLU RELIEF (on school trips and whilst in school during the day)**

I AM / I AM NOT WILLING (please delete to leave a clear response) for him to receive paracetamol

500mg (blister pack) **1 TABLET** (other amount please advise)_____

DIETARY REQUIREMENTS

Does your son have any special dietary requirements? **YES / NO**

If YES, please circle the appropriate box below:

Gluten free	Halal	Kosher food Only	No beef	No dairy products
No nuts	No pork	Vegan	Vegetarian	Other (please specify)

Please give further details: _____

STUDENTS MOBILE TELEPHONE NUMBER:_____ **Email**_____

PARENTS/CARER CONTACT INFORMATION

PLEASE ENSURE THAT TELEPHONE NUMBERS AND EMAIL ADDRESSES ARE COMPLETED

1st Contact (either mother/father/carer)

Name:_____ **Family Connection**_____

Tel. Home:_____ **Mobile No:**_____

EMAIL ADDRESS:_____ **Work No:**_____

Home Address:_____

2nd Contact

Name:_____ **Family Connection**_____

Tel. Home:_____ **Mobile No:**_____

EMAIL ADDRESS:_____ **Work No:**_____

Home Address:_____

FAMILY DOCTOR

Name:_____**Tel No:**_____

Surgery_____

MEDICAL CONSENT AND ADMINISTRATION OF MEDICINE DECLARATION

I agree to my son receiving medical or dental treatment, including anaesthetic, as considered necessary by the medical authorities present either in this country or abroad. I understand the extent and limitations of the insurance cover provided by the schools insurers. I undertake to inform the Party Leader as soon as possible of any changes in the Medical or personal circumstances between the date signed and the commencement of the visit.

Signed:_____Print Name:_____ Date:_____