

Morecambe Bay Academy – Medical Form – Type A trips



Parental/Guardian consent & medical information form for Educational visits, overnight stays and outdoor adventurous activities.

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| Proposed visit to:                                    |  |
| Date(s) of the visit:                                 |  |
| Mode of transport:                                    |  |
| Time & Place of departure:                            |  |
| Planned activities                                    |  |
| The approximate time & place of return is:            |  |
| Base contact details are: (only used in an emergency) |  |

Childs name..... Date of Birth ..... Form .....

Emergency Details:

- a) I may be contacted by telephoning the following numbers(s)  
 Home ..... Work.....  
 Name & address .....
- b) Please state an alternative contact point – telephone number .....  
 Name & address.....

Other information:

Please supply any additional information that you wish the visit leader to be aware of (e.g medical conditions, allergies, recent illnesses, special requirements etc) which may affect him/her in this visit:

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Declaration by parent/carer:

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by medical authorities present.
- I have read the information provided about the proposed visit and the insurance arrangements
- I consent to me child taking part in the visit and having read the information declare my child to be in good health & physically able to participate in any activities mentioned; subject to any adjustments.
- I have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safety from that place.
- I will ensure that any change in the circumstances (e.g recent illness, medication or injury) which will affect my child’s participation in the visit will be notified to the school prior to the visit.

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| <p><b>Notes</b></p> <p>1. Please note that this visit is covered by Lancashire County Council’s public Liability insurance. There is no personal accident or travel insurance provided for your child, which would cover injury or property loss/damage happening on the visit regardless of legal liability. If you feel that this is necessary, you will need to make separate arrangements.</p> <p>2. In the light of unacceptable behaviour, the school/service reserves the right to deny a place for a student on the visit or return the student home.</p> |
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Signature of parent/carer ..... Date .....

Name of parent/carer in block letters .....

Address.....



