

Please complete both sides of this form and bring it to the parent meeting on Thursday 26th February or return it to the school office by Monday 2nd March

CARROT WOOD CONSENT FORM

Child's Name: _____ Date of Birth: _____

Home Address: _____

Phone number (Daytime): _____

Phone number (Evening): _____

Other contact numbers, in case of emergency (please give name, relationship to child, and contact number): _____

Does your child suffer from any medical conditions? If yes, please provide details. (Prior to the trip you will be required to complete a separate form with details of any medication).

Does your son/daughter suffer from any allergies? Please provide details: _____

Date of last tetanus vaccination/booster: _____

If required, do you consent to your son/daughter receiving Calpol or paracetamol or ibuprofen for pain relief?	Yes/No
Does your son/daughter use an inhaler?	Yes/No
Do you consent to your son/daughter sleeping in the top bunk?	Yes/No
Do you consent to your son/daughter having their photograph take and shared on the website and Google Classroom?	Yes/No

Any other information you wish us to know about (e.g. first time away from home, any phobias, issues with bed wetting etc.) _____

Does your son/daughter have any special dietary requirements? Please give details:

I agree to my child taking part in the school visit to Carroty Wood.

I acknowledge the need for obedience and responsible behaviour on his/her part.

I agree to my child receiving medication as instructed by me (as above).

I agree to my child receiving such medical, surgical or dental treatment, including operations under general anaesthetic, as may be recommended by a registered medical or dental practitioner. I hereby authorise the teacher leading the visit, or any representative of theirs to sign any written form of consent required by the hospital or Medical Authority, particularly if delay in obtaining my own signature is considered inadvisable by the doctor, surgeon or dentist concerned.

I understand that my child is responsible for the safe custody of his/her belongings and effects and that staff cannot be held responsible for them.

Signed: _____ Date: _____

CARROTY WOOD MEDICAL FORM

Please **ONLY** complete this form if your child will require medication whilst at Carroty Wood – e.g. inhaler, EpiPen, antihistamine (for serious allergic reactions only) etc.

Name of child _____

Date of Birth _____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine _____

(as described on the container)

Date commenced _____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the school should know about? _____

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Tel No _____

Relationship to child _____

Signed: _____