



## Annual Consent to participate in PE activities and educational visits during the Academic Year 2016/17

*Please complete in full and return to the school office.*

Student Name:		Tutor Group:
<b>Emergency Contact (1)</b>		
Name:	Address:	Home No:
		Work No:
		Mob No:
		Email:
		Relationship to student:
<b>Emergency Contact (2)</b>		
Name:	Address:	Home No:
		Work No:
		Mob No:
		Email:
		Relationship to student:
Medical conditions( your child has)		
Medication (your child requires)		
Does your child have any allergies (please tick) <b>YES</b> <b>NO</b>		
If Yes, please give details:		
Please outline any dietary requirements:		
Name, address and telephone number of family doctor		Date of Birth of Student:
<p><b>Declaration:</b>  This form will be used as the form of consent for all sporting fixtures and educational visits, except residential and adventurous activities during the academic year 2016/17. I have ensured, as far as reasonably I can, that my child understands that it is important to safety that any rules or instructions given by the staff in charge are followed and I acknowledge that s/he must behave responsibly. I undertake to inform the school office as soon as possible if there are any changes to any medical conditions my child may have or of any changes to the emergency contact details they hold.  I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p> <p><b>Signed:</b></p> <p><b>Date:</b></p> <p><b>Full Name:</b></p>		