

Understand that the results of testing and trials are published only after

**Form OV 7A PARENTAL CONSENT
Pupil Information Form**



Presdales School

To be completed by group leader/organiser

Visit to:	GCSE Science Live Event
Group Leader:	Ms M Walsh
Date of Visit:	Tuesday 27 th February 2018

To be completed by the parent/adult responsible for pupil.

Pupil's Name :	
Date of Birth: Age on departure:	
Does the above pupil: <ul style="list-style-type: none">• Have a medical condition requiring medical treatment or medication? Y/N• Have an allergy to certain medications? Y/N Is he/she able to administer his/her own medication? Y/N	
Please give details of medical condition/treatments or allergies to medications below: 	
Has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? If yes, give details:	Y/N
Does he/she have any special dietary requirements? If yes, give details:	Y/N
I wish to draw the following to the group leader attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities): 	
<hr/>	

EMERGENCY CONTACT INFORMATION		
	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day:	
	Evening:	
	Mobile:	
FAMILY DOCTOR DETAILS		
Name:		
Address:		
Telephone Numbers:		

DECLARATION: I have received and understood the details of the visit.	
I agree that (full name of pupil): _____	
<ul style="list-style-type: none"> can participate in the visit and activities described; can be transported in the private vehicles of staff/volunteers supervising the visit; is in good health and fit to participate in the activities described; can receive medical treatment as necessary, including the use of anaesthetics. 	
I undertake to inform the group leader as soon as possible of any change in medical circumstances.	
I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.	
Signed:	Name in Capitals:
Relationship	Date:
Address:	
Postcode:	
Telephone No:	

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE EMERGENCY CONTACT.**

The declaration on this form must be signed by someone with parental responsibility for the pupil.