

STUDENT CONSENT AND EMERGENCY CONTACT FORM – UNDER 18



**KING EDWARD VI
NORTHFIELD
SCHOOL FOR GIRLS**
Educational excellence for our City

This form must be completed by Parent/Guardian and signed

Details and Date of Visit: All trips (non-residential)

Pupil Name: _____ Form _____

Address: _____

Home Telephone (include code): _____ Mobile number: _____

Parent/Guardian Name: _____

Emergency Contact Numbers (Please delete as appropriate)

Relatives(R) or neighbours (N) that could help contact Parents/Guardians quickly in case of emergency.

Name _____ (R or N) Phone No _____

Name _____ (R or N) Phone No _____

Name _____ (R or N) Phone No _____

1. Please provide any information regarding medical conditions that may be relevant, e.g. Allergies, Asthma, Diabetes, Epilepsy, Other:

_____ None ☐

2. Is your child currently taking any medication? E.g. Antibiotics:

_____ None ☐

3. Is there anything else you would wish to bring to the Programme Leader's attention. e.g. travel sickness or any other special needs:

_____ None ☐

Own Doctor's name: _____ NHS No: _____

Address: _____

In the event of a medical emergency every possible effort will be made to contact you. We request that you agree to your child receiving emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree it will not necessarily bar your child from attending, but we would be grateful if you would discuss this matter with your Programme Leader.

CONSENT (Please tick as appropriate)

I consent to my child receiving medical treatment in the event of an emergency.

☐ I am aware of the nature of the programme that my child is about to take part in and I understand that I can seek more detailed information by telephone/in writing from the course co-ordinator.

☐ I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

☐ I consent to my child taking part in all activities organised by the staff in connection with the programme.

Signed: _____ Date: _____