

PARENTAL TRIP CONSENT AND MEDICATION FORM

Year 8 trip to Walton Firs – Friday 15th July 2022

Please complete ALL fields within ALL sections, sign and return by no later than Monday July 4th 2022

Medication must be supplied to school in its original packaging and clearly labelled with the pupil's name and within the expiry date.

Student Name _____

Please tick below:

| | |
|--------------------------|---|
| <input type="checkbox"/> | I give permission for my child to take part in Year 8 trip to Walton Firs Activity Centre on Friday 15 th July |
| <input type="checkbox"/> | I have paid £14.00 via the SCOPAY website |

Parent/Carer Full Name (PLEASE PRINT): _____

In the event of a medical emergency I give my permission for the appropriate medical treatment to be given. Please enter below any relevant medical information and allergies for this date:

My emergency contact number for the day will be: _____

Medical Information

Student's Date of Birth: _____

Class: _____

GP Name: _____

Location: _____

GP Telephone Number: _____

NHS Number: _____

Date of last Tetanus: _____

Please tick below:

| | |
|--------------------------|--|
| <input type="checkbox"/> | I give consent for The Park School to administer paracetamol tablets |
| <input type="checkbox"/> | I give consent for The Park School to administer sunscreen |

I give consent for staff at The Park School to give my child medication prescribed by our doctor as directed overleaf. I accept full responsibility for this instruction.

Signed _____
(Parent/Carer)

Date _____

Please complete all medication details on the next page

PTO



Medication must be supplied to school in its original packaging and clearly labelled with the pupil's name and within the expiry date

| Name of Medicine | Dose | Frequency/times | Special Instructions |
|------------------|------|-----------------|----------------------|
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