

## PARENTAL TRIP CONSENT AND MEDICATION FORM

Year 9 Bowling Trip – Wednesday, 29<sup>th</sup> June 2022

**Please complete ALL fields within ALL sections, sign and return by no later than Monday, 27<sup>th</sup> June 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:**

	I give permission for my child to take part in the Year 9 Bowling Trip on Wednesday, 29 <sup>th</sup> June 2022
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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:**

	I give consent for The Park School to administer paracetamol tablets
	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**

