

## PARENTAL TRIP CONSENT AND MEDICATION FORM

Year 9 Trip to Safari Crazy Golf – Wednesday 13<sup>th</sup> July 2022

**Please complete ALL fields within ALL sections, sign and return by no later than Monday 4<sup>th</sup> July 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 9 Trip to Safari Crazy Golf on Wednesday 13 <sup>th</sup> July 2022
<input type="checkbox"/>	I have paid £8.00 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**

