JFS School Visits
PARENTAL CONSENT - MEDICAL FORM

Please print in strong black ink

1   Student Details

Name of Student	M	F	Date of birth	Tutor group

2   Contact Information *(It is important that the contact(s) given can speak English)*

I/We may be contacted by telephoning the following numbers:

Parent 1 Name:		Parent 2 Name:	
Email:		Email:	
Home Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:	

The home address is: If relevant:

If not available at above, please contact (emergency contact) if parent(s) unavailable:

Name:	*(Relation to student)*	Telephone:
Address:		Mobile Phone:

Name, address and telephone number of family doctor:

Name:	Tel No:
Address:	

3   Medical Information

a	Does your child suffer from any conditions requiring medical treatment, including medication? **YES / NO** *(If YES, please specify.)*
b	To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or has suffered from anything in the last four weeks that may be or may become contagious or infectious? **YES / NO** *(If YES, please specify.)*
c	Is your child allergic to any medication? **YES / NO** *(If YES, please specify.)*
d	Has your child received a tetanus injection in the last five years? **YES / NO** *(If YES, please give the approximate date.)*
e	Please outline any special dietary requirements of your child and specify any food allergies.
f	I undertake to inform the Teacher/Headteacher as soon as possible of any changes in the medical circumstances between the date signed and commencement of the Visit.

4   Declaration

I acknowledge the need for compliance with the JFS School Rules and responsible behaviour on the part of my child.

- I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I authorise the supervisory teacher to sign, on my behalf, any written form of consent required if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.

    YES ☐   **NO** ☐

Date:	Name of Parent:
	Signature: