

Consent Form

It is School policy that no student will be allowed to participate in any School visit or journey without the consent form fully completed and signed by a Parent/Carer.

Re: Chace Cooking Club - Tuesday 10/1/17 – 31/1/17 (4 week term)

Student's Name: **Form:**

PARENTAL CONSENT:

- (i) I agree to my son/daughter taking part in the above activities.
- (ii) I understand that the staff responsible for the activities will take all reasonable care of participants.
- (iii) **I have paid £20 via Parentpay.** I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- (iv) I have read and discussed with my child the Code of Conduct which is printed on the reverse of the letter.

Signature

A. Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks?

YES/NO If yes, give details

B. Does he/she suffer from allergies, Diabetes, migraine, Epilepsy, bad period pains or any other illness or disability?

YES/NO If yes, give details

C. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, penicillin, aspirin or any such medicines, any particular food, etc.)?

YES/NO If yes, give details

D. Does he/she have a current school health care plan?

YES/NO If yes, give details

E. Is he/she receiving any medical treatment at present?

YES/NO If yes, give details

Signature Relationship to child.....

Contact No. for duration of trip

Student's Mobile Phone No.

Please note the school cannot be held liable for any relevant medical information that has not been supplied on this form.