



# Consent to Visits, Medical Details and Treatment Form (OSA2)

Visit to: .....

From: ..... (date) To: ..... (date)

Name of Student: .....

Date of Birth: ..... Male:  Female:

Home address: .....

.....

.....

Telephone No: .....

Emergency contact telephone numbers (home / mob / work)

1).....

2).....

3).....

Name, address and tel. no. of own doctor.....

.....

Known Medical Conditions / Medications:

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.....

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Known allergies:

.....

.....

.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Visit Leader)

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Are there any reasons that you know of that stops he / she from participating fully in the planned activities?

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Are there any activities in which he / she should not participate?

.....

.....

Please indicate any special food dietary / requirements (if applicable):

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.....

Other relevant Information:

I wish my child to take part in the educational visit / offsite activity and having read the information provided; agree to his / her taking part in any or all of the activities described.

I agree to my son / daughter receiving any emergency or other medical treatment as deemed urgent, necessary and / or in the best interest of my son / daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to college staff by the GP **if** circumstances are deemed necessary and appropriate.

**Please note: All educational visits and offsite activities carry some amount of risk.**

Your name (Please print): .....

Signature: ..... Date: .....