



PARENTAL CONSENT FOR SCHOOL VISITS 2020/2021

STUDENT NAME : YEAR :

I agree to (name) taking part in all non-residential visits organised by Lady Hawkins' School during the School Year 2020/2021.

I acknowledge the need for to behave responsibly on all visits.

MEDICAL INFORMATION ABOUT YOUR CHILD:

Does your son/daughter have asthma? YES / NO

Does your son/daughter have any allergies? YES / NO If YES, please specify:

Any other conditions requiring medical treatment, including medication? YES/NO If YES, give brief details:

When did your son/daughter last have a tetanus injection?

CONTACT TELEPHONE NUMBERS:

Mobile: Home..... Work :

Home address:

ALTERNATIVE EMERGENCY CONTACT:

Name: Tel. 1: Tel. 2:

Address:

Relationship to student:

Drs Surgery: Tel:

DECLARATION:

I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: Full name (capitals) :

Date:

PLEASE INFORM THE SCHOOL OF ANY CHANGES DURING THE SCHOOL YEAR