

**DARTMOUTH RESIDENTIAL VISIT**  
**Wednesday 27<sup>th</sup> to Friday 29<sup>th</sup> June 2018**

**MEDICAL CONSENT FORM**

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Family doctor's name \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_

Please let us know of any special needs:  
(e.g. food allergies, allergies to medicines, special diets, recent operations, medical conditions such as hay fever or asthma, bedwetting problems etc.)

Dates of any anti-tetanus vaccinations: \_\_\_\_\_

Please tick as appropriate:

My child	cannot swim	<input type="checkbox"/>
	can swim 10 metres	<input type="checkbox"/>
	can swim over 10 metres	<input type="checkbox"/>

Home address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

I/We will be at home/away during this visit and can be contacted in an emergency at:

\_\_\_\_\_

In the event of any illness or accident requiring emergency hospital treatment, I/we authorise Miss Mount or Ella to agree to any treatment where a doctor considers that the delay required to obtain my/our permission would be detrimental to our child. I/we confirm that I/we have informed the school of any allergy or other medical condition and that I/we will hand to the teacher any medicines to be taken by my/our child.

Signed (Parent/Carer) \_\_\_\_\_ Date \_\_\_\_\_