

# GENERAL CONSENT FORM



I agree to my son/daughter .....taking part in any curricular visits and sporting activities away from Trent College for the **2009–2010 academic year**. I declare my child to be in good health and physically able to participate in all of the activities. I acknowledge the need for good conduct and responsible behaviour on his/her part.

## MEDICAL DETAILS ABOUT YOUR CHILD

Name of family Doctor: \_\_\_\_\_ Doctor's Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have any conditions requiring medical treatment? YES/NO

If so, please give details (medication, dosage/frequency): \_\_\_\_\_

Does your child have any allergies? YES/NO

If so, please give details: \_\_\_\_\_

Does your child have any special dietary requirements? YES/NO

If so, please give details: \_\_\_\_\_

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

I undertake to inform the School if my child has suffered from an infectious disease and any changes in their medical or other circumstances between now and the end of this academic year.

## DISCIPLINE OF THE SCHOOL TRIP

Trent College School Rules Apply on all school trips. I understand that the trip leader will have the sole right to decide if my child should be sent home prematurely for a serious breach of discipline and I undertake to cover the full cost of such a journey. If my child is forced to stay behind due to legal reasons, I also undertake to cover the cost of his/her eventual return home together with those of any staff member who has to accompany him/her.

## DECLARATION

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

## CONTACT DETAILS

Name: \_\_\_\_\_  
Work Tel No: \_\_\_\_\_  
Mobile Tel No: \_\_\_\_\_  
Home Tel No: \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail address: \_\_\_\_\_

Student Mobile: \_\_\_\_\_

Signed: \_\_\_\_\_

Full Name (CAPITALS): \_\_\_\_\_

## ALTERNATIVE EMERGENCY CONTACTS

Name: \_\_\_\_\_  
Tel. No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature of Parent/Guardian with legal responsibility for the child:)

Date: \_\_\_\_\_