

Parental Consent Form for Medical Treatment

Queen Elizabeth High School

Ski Venture to Serre Chevalier, Easter 2016

Student Name		Tutor Group	
Please specify any medical conditions			
Please specify any medication taken			
Allergic to any medication?	YES	NO	
If yes, please provide brief details			
When did they last have a tetanus injection?			
Please specify the type of pain/flu medication that may be given [other than prescribed by a doctor]			
Please specify any special dietary requirements			
Declaration			
<p>I agree to my son/daughter receiving medication as instructed and any emergency medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I will make sure that I understand the extent and limitations of the insurance cover provided.</p>			
Signed:			
Date:			

Other Contact Details (please give names and relationship to)					
Name		Work Phone		Mobile	
Relationship		Home Phone			
Name		Work Phone		Mobile	
Relationship		Home Phone			