



FORM OV 7C (CSF4260)
ANNUAL PARENTAL CONSENT FORM
Cherry Tree School

To be completed by person with parental responsibility for the child/young person.

Child/Young Persons Full Name: _____

Date of Birth: _____

Year: _____ **Class:** _____

Does the above person:

- Have a medical condition requiring medical treatment or medication? Y/N
- Have an allergy to certain medications? Y/N

(Please give details of medical condition/treatments or allergies to medications below)

Is s/he able to administer her/his own medication? Y/N

Has s/he received a tetanus injection in the last 5 years? Y/N

I wish to draw the following to the school's/centre's attention (e.g. allergies, special dietary requirements, phobias, travel sickness, toileting difficulties, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):

EMERGENCY CONTACT INFORMATION

(Where this information has already been provided by the school, please check and confirm it is correct)

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day:	
	Evening:	
	Other:	

FAMILY DOCTOR DETAILS

(Where this information has already been provided by the school, please check and confirm it is correct)

Surgery Name:

Address:

Telephone Numbers:

Child / Young Person's NHS number (if known): _____

DECLARATION: -

I understand that my child may leave the school premises for local, curriculum-related, regular or routine visits, as may be detailed in the school's prospectus, or for sports fixtures when representing the establishment as part of a team, and hereby give my consent for my child to participate in such events.

I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent may be required from me.

I agree that (full name of child/young person) _____

- can participate in the visit and activities described;
- can be transported in the private vehicles of staff/volunteers supervising the visit;
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary

I undertake to inform the school as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.

I am satisfied that all reasonable care will be taken for the safety and well-being of all participants and that appropriate staffing and safety measures will be in place at all times.

Signed:

Name in Capitals:

Relationship

Date:

Address (if different from above):

Postcode:

Telephone No:

The Declaration on this form must be signed by someone with parental responsibility for the child / young person.