



# Friesland School

SPECIALIST PERFORMING ARTS COLLEGE

## ANNUAL CONSENT FOR LOCAL OFF-SITE VISITS AND MEDICAL TREATMENT

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Form: \_\_\_\_\_

**I understand** that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give my consent for my child to participate in such visits. 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 will be required from me.

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

**I agree** that if my child urgently requires medical, surgical or dental treatment and it is not possible to contact me/us, the Visit Leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

**I undertake** to inform the Visit Leader/Headteacher/Manager as soon as possible of any change in the medical or other circumstances after the date shown below.

I understand that my son/daughter may be videoed or photographed to promote off-site activity at the school/centre. I give consent for video and photographs to be taken of my son/daughter. I also understand these might be used for promotional purposes.

**YES/NO**

Signed: ..... Name: ..... (Parent/Carer)

Date: .....

Signed: ..... Name: ..... (Parent/Carer)

Date: .....

### I/we may be contacted by telephoning the following numbers:

Work:	Home:	Mobile:
Home Address:		

Nursery Avenue, Sandiacre, Nottingham, NG10 5AF. Tel: 0115 939 7326 Fax: 0115 949 1730  
www.friesland.derbyshire.sch.uk Email: enquiries@friesland.derbyshire.sch.uk  
Headteacher: Mr P Monk BA(Hons), MA, NPQH Deputy Headteacher: Mrs S Genda BEd, NPQH





# Friesland School

SPECIALIST PERFORMING ARTS COLLEGE

If the above contact is unavailable then please contact:

Name:		
Work:	Home:	Mobile:
Home Address:		

a) Name, address and telephone number of family doctor:.....

.....

b) Does your child suffer from any conditions requiring medical treatment or medication? **YES/NO**

If yes please give details:

.....  
.....

b) Is your child allergic to any medication or treatment? **YES/NO**

If so please give details:

.....  
.....

d) When was the last time your child receive a tetanus injection?

.....

e) Please outline any special dietary requirements of your child:

.....  
.....

***This form should be completed annually/when a child is first admitted to school. It will be placed on the child's school record and will be used throughout the compulsory schooling at the relevant establishment. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.***

Nursery Avenue, Sandiacre, Nottingham, NG10 5AF. Tel: 0115 939 7326 Fax: 0115 949 1730  
www.friesland.derbyshire.sch.uk Email: enquiries@friesland.derbyshire.sch.uk  
Headteacher: Mr P Monk BA(Hons), MA, NPQH Deputy Headteacher: Mrs S Genda BEd, NPQH

