



# FINAL MEDICAL INFORMATION SHEET

## Parental Consent Form for Emergency Surgery/Medical Treatment Abroad

**Details of visit to:** St Omer & Paris, France  
Thursday 13th February 2020 to Saturday 15th February 2020 incl.

***Return this form to The Finance Office with Passport & EHIC card in a named envelope by Tuesday 4<sup>th</sup> February 2020.***

Student's name in full: \_\_\_\_\_  
**(as it appears on his/her passport)**

Date of birth: \_\_\_\_\_ Age (in years and months) \_\_\_\_\_  
on 13.02.20 (date of departure): \_\_\_\_\_

Student's current Height (metres/cms): \_\_\_\_\_

Student's current Weight (Kilograms & grams): \_\_\_\_\_

Student mobile phone number: \_\_\_\_\_

Do you give permission, for possible use by the travel company as promotional material, of photos and snow shots containing your child? YES  NO

**Contact details:**

Parent's Name \_\_\_\_\_

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

Home Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

**Alternative emergency contact:**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

Name of family doctor: \_\_\_\_\_

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

Telephone no: \_\_\_\_\_

**Updated Medical information about your child:**

Any conditions requiring medical treatment, including current daily medication YES/NO  
If YES, please give brief details (dosage, frequency & name of medication taken):

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Please outline any special dietary requirements (eg vegetarian, allergic to dairy products, etc)

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Please outline the type of pain relief medication your child may be given if necessary (eg Paracetamol).

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Does your son/daughter suffer from any allergies? Is he/she allergic to any medication? YES/NO  
If YES, please give brief details.

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

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Has your child ever suffered from epilepsy? YES/NO  
If YES, please give brief details.

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It is essential that you advise us of any contact with contagious or infectious diseases that you suffer from or come into contact with in the four weeks prior to departure.

**Declaration:**

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion necessary by the medical authorities present.

I will inform the Mrs Puntis as soon as possible of any changes in the medical or other circumstances **between now** and the **commencement of the journey**.

Signed (Parent) \_\_\_\_\_ Date \_\_\_\_\_