



FORM OV 7C (CSF4260)

ANNUAL PARENTAL CONSENT FORM

Establishment: Heathlands School

To be completed by the parent/adult responsible for

Child/Young Persons Full Name	
Date of Birth:	
Does the above person:	
• Have a medical condition requiring medical treatment or medication?	Y/N
• Have an allergy to certain medications?	Y/N
Is he/she able to administer his/her own medication?	Y/N
Please give details of medical condition/treatments or allergies to medications below:	
Does he/she have any special dietary requirements? If yes, give details:	Y/N
I wish to draw the following to attention of HEATHLANDS SCHOOL (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	

EMERGENCY CONTACT INFORMATION		
	CONTACT 1	CONTACT 2
Name:		
Relationship:		
Address:		
Tel. No inc. STD code: Home:		
Work:		
Mobile:		

MEDICAL PRACTICE DETAILS	
Medical Practice:	
Tel. No inc. STD code:	

Data Protection Act 1998: The information provided on this form is subject to the Data Protection Act 1998. The information of **the named student** is for use by the school, the Local Education Authority and the Police in the event of a missing person. Should you wish to obtain a copy of information held by the school relating to your or your child(ren) at anytime, you may do so by writing to the school.

The declaration on this form must be signed by someone with parental responsibility for

DECLARATION: I understand that Named Student may leave the school premises for local visits as outlined in the school prospectus and hereby give my consent for Named Student to participate in such visits. I also understand that Named Student 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 that Named Student

- 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 emergency medical treatment.

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

I acknowledge the need for Named Student to behave responsibly and agree to the Heathlands procedures in this respect.

Signed:	Name in Capitals:
Relationship	Date: