



West Lothian Council

WEST LOTHIAN COUNCIL - EDUCATION SERVICES

Parental Agreement to Educational Excursion

SECTION A - to be completed by parent or legal guardian and returned to the Establishment

Excursion to From to

Surname Forename Date of Birth

Address

..... Home Phone Number

Alternative phone number in an emergency which can be used when the party is away

Name and Address of Family Doctor

- 1 Can your child swim unaided? If yes, how far (in metres)?
- 2 Does your child suffer from any allergies? If yes, give details
- 3 Is your child taking any medication at present? If yes, give details
- 4 Does your child suffer from any conditions requiring medical treatment?
If yes, give details
- 5 Has your child been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may become contagious or infectious?
If yes, given details
- 6 Does your child have any specialist dietary requirements? If yes, give details
- 7 Does your child suffer from travel sickness?
- 8 Does your child suffer from incontinence problems?
If yes, please give details of assistance required
- 9 Has your child received a tetanus injection in the last five years?
- 10 Give full details of any illness or injury that might affect your child's participation
- 11 Is there any activity in which your child must not participate? If yes, give details

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INPRINT Tel: (01506) 652393 EDC 83 (11/96)

SECTION B - to be completed by parent or legal guardian and returned to the Establishment

PARENTAL AGREEMENT TO EMERGENCY MEDICAL TREATMENT

I agree to my child receiving emergency medical treatment, including blood transfusion / anaesthetic as considered necessary by the medical authorities present.

Date Signed by Parent or Guardian