



Student Name: _____ Class: _____

Consent Form

Please return this form to Ms Early on or before Friday 29th April 2022

I, the student have read the accompanying letter, School Code of Behaviour and School Tour Policy and agree to accept and adhere to the rules and conditions of the **LCF TY Gaisce Adventure 2022**.

Student's Signature: _____ **Class:** _____ **Date:** _____

I, the Parent/Guardian have read the accompanying letter, School Code of Behaviour and School Tour Policy and agree to accept and adhere to the rules and conditions of the **LCF TY Gaisce Adventure 2019**.

Parent/Guardian's Signature: _____ **Date:** _____

In the event of my daughter being seriously ill or needing urgent medical attention, I accept that the staff will act in "**loco parentis**" and consent to allow the teaching staff to act on my behalf should a medical emergency arise for my daughter.

Parent/Guardian's Signature: _____ **Date:** _____

Emergency Contact Name: _____ *(please print.)*

EMERGENCY Contact Numbers:

Day: _____ **Evening:** _____



Student Name: _____ Class: _____

Medical Form

Medical Issues: Please tick Yes/No as appropriate and return to Ms. Early on/before 29th April 2022

Condition	Yes/No	Description if relevant
Previous injury to shoulders		
Previous injury to ankles		
Previous injuries to knees		
Previous injury to back		
Allergic to Penicillin:		
Allergic to other medication: If yes, please state		

Respiratory: Please tick as appropriate

Condition	Yes/No	Description if relevant
Ever used an inhaler		
Anxiety		
Travel sickness		
Panic attacks		
Hay fever		
Other medication that is being taken: If yes, please specify		

Please give details of any other medical conditions affecting your daughter:



Student Name: _____ Class: _____

Dietary Form

Food: Please tick Yes/No as appropriate.

Condition	Yes/No	Description if relevant
Allergy to eggs		
Allergy to shellfish		
Allergy to dairy		
Allergy to nuts		
Allergy to wheat/ gluten		
Other. If yes, please state		

Diet:

Condition	Yes/No	Description if relevant
Lacto-Vegetarian		
Vegan		
Coeliac		
Lactose intolerant		
Other. If yes, please state		

Parental Signature: _____ Date: _____

Student Signature: _____ Date: _____