

Parental Consent Form - Barcelona Trip October 2018

Name of child: \_\_\_\_\_

**1. Medical Information**

a. Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES, give brief details.

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b. Is your son/daughter allergic to anything, including medication? If YES, give brief details.

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**2. Emergency Contact Numbers**

**Primary contact:**

Name..... Relationship..... Telephone number.....

**If not available at the above, please contact:**

Name..... Relationship..... Telephone number.....

**Name, address, and telephone number of family doctor:**

Name..... Telephone number.....

Address.....

**3. Consent to give a child medical treatment whilst abroad:**

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I agree that the party leader or designated medical orderly should, where appropriate, administer the prescribed dose, of any required medicines, e.g. paracetamol, aspirin, travel tablets, diarrhoea/sickness medication, as advised by the medical orderly or a pharmacist.

I, the undersigned, authorise the teacher responsible to agree on my behalf to any medical care (including surgery and anaesthetics) deemed necessary for my child.

*El abajo firmante, autorizo al profesor responsable de acordar en mi nombre a cualquier atención médica (incluyendo la cirugía y la anestesia) consideré necesario para mi hijo /hija.*

*Nombre del niño/ Name of child.....*

*Nombre del padre/ Parent's name.....*

*Dirección/ Address.....*

Signature:.....

Date.....