



THE TRIPPER GROUP

PARENTAL CONSENT & MEDICAL INFORMATION FORM

Educational Visit

Last Updated: December 2025

Child's Full Name: _____

Date of Birth: _____

School: _____

Medical Information

Please provide details of any medical conditions, allergies or dietary requirements:

Medication

Please list any medication required, including dosage and instructions:

Emergency Contact Details

Name: _____

Relationship: _____

Contact Number: _____

Consent Declaration

I give permission for my child to take part in this educational visit.

I consent to emergency medical treatment being given if required.

I understand that personal and medical information will be processed in accordance with UK GDPR and used solely for the purposes of ensuring my child's safety and wellbeing during the visit.

Parent/Carer Name: _____

Signature: _____

Date: _____