



## 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:** \_\_\_\_\_