



**KILKENNY COLLEGE
MEDICAL CONSENT FORM
TRANSITION YEAR 2019**

TRANSITION YEAR TRIP'S

I hereby give my authorisation to the staff of Kilkenny College as Tour Organisers to request all medical assistance that might be deemed necessary to protect the health and safety of my child as a result of a medical emergency taking place during a school trip, treatment to possibly include serum transfusions, surgery and any other medical procedures that is deemed essential and in the event of the Tour Organiser being unable to contact me prior to a decision being made.

Name of Student: _____

Address: _____

Telephone Number: (Home) _____

Telephone Number: (Work) _____

Telephone Number: (Mobile) _____

Date: _____

My son/daughter/ward is on the following medication (if any):

Allergies:

Has your child any allergies to penicillin or any other medication?

Has your child any general allergies?

I give permission for my child to receive the following should it be required:

- | | |
|--|--------|
| (a) Medical assistance | Yes/No |
| (b) Non-prescription medicine | Yes/No |
| (c) His/Her own medication as prescribed by the GP | Yes/No |

Signed: (Parent/Guardian): _____