

PARENTAL CONSENT FOR A SCHOOL VISIT

School/ Group: _____

Pupil's Name: _____ Date of Birth _____

Visit to: _____

From: _____ (date/time) To: _____

1. I agree to _____ (name) taking part in this visit and have read the information sheet. I agree to _____'s participation in the activities described. I acknowledge the need for _____ to behave responsibly.

2. Medical information about your child

a. Any conditions requiring medical treatment, including medication? Yes No
If YES, Please give brief details:

b. Please outline any **special dietary** requirements of your child.

c. Please tick to give permission to allow us to administer **paracetamol** on the residential visit
Yes No

For residential visits and exchanges only

d. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? Yes No

e. Is your son/daughter allergic to any medication? Yes No

If YES, please specify

f. When was the last time your child received a tetanus injection?

Declaration

I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the Group Leader/Head teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Signed: _____ **Date:** _____

Full name (Capitals): _____

Contact telephone numbers:

I may be contacted by telephoning the following numbers:

Work _____ Home: _____

Home address:

If I am not available at above, please contact:

Name: _____ Tel No: _____

Address:

Name and address of family doctor:

Name: _____ Tel No: _____

Address:

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT