



PARENTAL CONSENT FOR A SCHOOL VISIT

(Completed copies to be taken on visit)

1. Name & Date(s) of visit:

I agree to _____ (name) taking part in this visit and have read the information sheet.

Form _____ Date of Birth _____

I agree to _____ 's participation in the activities described.

I acknowledge the need for

Him	Her	Them
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 to behave responsibly.

2, Medical information about your child.

a. Any conditions requiring medical treatment, including medication?
If YES, please give brief details: YES / NO

b. Please outline any special dietary requirements of your child and the type of pain/flu medication your child may be given if necessary:

For residential visits and exchanges only:

c. 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 4 weeks that may be contagious or infectious? YES / NO

If YES, please give brief details:

d. If swimming or water activities are part of the visit, is your child a competent swimmer or not? YES / NO

e. Is your son/daughter allergic to any medication or suffer from any phobias? YES / No

If YES please specify:

f. When did your son/daughter last have a tetanus injection?

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

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency 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 agree to meet the cost if the Group Leader decides that my son/daughter must be sent home before the end of the visit.

Contact Telephone Numbers:

Mobile: _____

Work Telephone: _____

Home Telephone: _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone No: _____

Home Address: _____

Name of Family Doctor: _____ Telephone No: _____

Address: _____

Signed: _____ Date: _____

Full Name (Capitals) _____

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