

PARENTAL CONSENT FOR A SCHOOL VISIT

Horsington Church School

Venue and Visit Date

1.

I agree/ to _____ taking part the school and will read the detailed information provided at the time relating to the proposed trip/visit. I agree to his/her participation in activities as described and I acknowledge the need for him/her 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 and the type of pain/flu relief medication your child may be given if necessary:

c. Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

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

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.

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.

Contact telephone numbers:

Work: _____ Home: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

Signed: _____ Date: _____

Full name (capitals): _____

THIS INFORMATION WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT