

PARENTAL CONSENT FOR AN EDUCATIONAL VISIT

Visit: PHASELS WOOD – Mr Ross

Pupil's name: Date of birth

School/Group: GREAT MARLOW SCHOOL

From: 8-50am 15/7/19. To: 4:15pm 15/7/19

1.	I agree to my child taking part in this visit and I have read the information sheet and fully understand what is involved. I agree to my child's participation in the activities described. I acknowledge the need for my child 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 the type of pain relief medication your child may be given if necessary: c. Is your child allergic to any medication? YES/NO If YES, please specify
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. (See details on the school website.) 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 trip. Signed: Date: Full name (capitals):	

P.T.O

Contact telephone numbers:

I may be contacted by telephoning the following numbers:

Work: Home:..... Home address:

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If I am not available at above, please contact:

Name:..... Tel No:.....

Address:

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Name and address of family doctor:

Name: Tel No:

Address:

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THIS FORM OR THE INFORMATION IT CONTAINS WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT.