PARENTAL CONSENT FOR AN EDUCATIONAL VISIT

Visit: UCAS Trip – Miss Jones

Student Name: …… Form:……..... D.O.B:…….

From: ……..... (date/time) To: ……..(date/time)

1. I agree to my son / daughter taking part in this visit and have read the information sheet and fully understand what is involved. I agree to his / her participation in the activities described. I acknowledge the need for and expect 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:

……..
……..
……...

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 four weeks that may be contagious or infectious? (If yes, please explain.) YES/NO
……..

……..

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

……..

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

……

PTO

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/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:

Mobile: …… Work:……..

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 THE INFORMATION IT CONTAINS WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT. DUPLICATE INFORMATION WILL BE RETAINED BY THE SCHOOL CONTACT.