**PARENTAL CONSENT FOR AN EDUCATIONAL VISIT**

Visit: Bronze Expedition Assessed Weekend (residential) – Mr Goodright

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

From: Saturday 3rd 10:00am – Sunday 4th 4:00pm

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.

1. **Medical information about your child**

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

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

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**For residential visits and exchanges only**

1. 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

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……………………………………………………………………………………………..

1. Is your son/daughter allergic to any medication? YES/NO

If YES, please specify

……………………………………………………………………………………………..

1. 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: …………………………………………………………………………………

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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. DUPLICATE INFORMATION WILL BE RETAINED BY THE SCHOOL CONTACT.**