



CONFIDENTIAL PARENTAL CONSENT FORM

1. DETAILS OF VISIT

OFF-SITE ACTIVITY

I agree to my son/daughter (Name) (Group)..... to take part in **any one-day** activity, of which I will be informed via letter prior to the visit. Having read the information provided, I agree to his/her participation. I acknowledge the need for obedience and responsible behaviour on his/her part.

* If there are any activities in which your child cannot participate please give details:

.....

* Is your child confident in water? YES/NO

How far can he/she swim?

2. MEDICAL INFORMATION

a) Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware: YES/NO

If YES, please give brief details, including details of any medication:

.....
.....

b) 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, or become, contagious or infectious?: YES/NO

If YES, please give brief details:

.....

c) Is your son/daughter allergic to any medication: YES/NO

If YES, please specify:

.....

d) Has your son/daughter received a tetanus injection in the last 5 years? YES/NO

e) Please outline any special dietary requirements of your child:

.....

Student Name: _____

MEDICAL DECLARATION

I undertake to inform the Trip Leader/Head Teacher as soon as possible of any change in the medical circumstances between the date signed and the commencement of the journey.

I agree to my son/daughter receiving emergency medical treatment including anaesthetic, as considered necessary by the medical authorities present.

3. CONTACT NUMBERS

I may be contacted by telephoning the following numbers:

Name

Mobile.....Home:Work.....

My home address is:

.....

If not available at home, please contact:

Name: Tel. No:

Address:

Name, address and telephone number of family doctor:

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4. DINNER ARRANGEMENTS (for full day events only)

My child normally receives a free school lunch. Please arrange a free packed lunch for this visit. YES/NO

5. SIGNATURE

Signed..... Date: