



CONFIDENTIAL

PARENTAL CONSENT FORM

1. DETAILS OF VISIT

OFF-SITE ACTIVITY

I agree to my child (Name) (Group)..... to take part in **the one-day** activity, of which I will be informed via letter.

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/Not Applicable
How far can he/she swim?

2. MEDICAL INFORMATION

- a) Does your child 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 child 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 child allergic to any medication: YES/NO
If YES, please specify:
.....
- d) Has your child 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 of School 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 child 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:
.....
.....

4. DINNER ARRANGEMENTS (for full day events only)

If your child normally receives a free school lunch, please ensure they pre-order a free school meal free packed lunch the day before the event and collect on the day.

6. JOURNEY HOME ARRANGEMENTS AFTER THE VISIT (outside normal school day)

My child will be collected from school after the visit

My child will make their own way home after the visit

7. SIGNATURE

Signed..... Date: