Parental Consent Form

To be distributed with an information sheet giving full details of the visit.

School/Group _____

1. **Details of visit to**: _____

   From _____ Date/Time: _____To: _____ Date/Time: _____

   I agree to _____ (name)

   taking part in this visit and have read the information sheet. I agree

   to _____'s participation in the activities described. I acknowledge the need

   for _____ 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 for 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?

   YES/NO

   If YES, please give brief details:

   _____

   _____

   _____

d) Is your son/daughter allergic to any medication? YES/NO

If YES, please specify:

_____

_____

_____

e) When did your son/daughter last have a tetanus injection?

_____

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.

Please delete as appropriate: My child is able to swim and I am happy for them take part in this activity (when relevant) YES/NO

3. **For overseas visits only**

Name on Passport	
Passport number	
Issue Date	
Expiry Date	
British Passport	YES /NO
Visa Expiry Date (if applicable)	

EHIC number: …… expiry date: ……

4. **Declaration**

I agree to my son/daughter receiving medication as instructed and any emergency 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.

Contact telephone numbers:

Work _____ Home _____ Mobile _____

Signed: _____ (Parent/Guardian Date _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT