

PARENTAL CONSENT FOR A SCHOOL VISIT

School/Group: **GEORGE GRENVILLE ACADEMY**

Pupil's name: Date of birth

Visit to:

From: To:

1. 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 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?

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?

.....

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.

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:

Work: Home:.....

Home address:

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