THE MISBOURNE

PARENTAL CONSENT FORM FOR EDUCATIONAL VISITS

Name of Student ____ **Date of Birth** ________________________________

Form ____

Visit to ____

From (Date/time) ____ **To (Date)** ________________________________

1. STATEMENT OF CONSENT

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 and the need to adhere to the school's Behaviour for Learning Policy.

2. MEDICAL INFORMATION ABOUT YOUR CHILD

a] Does your child suffer from any conditions requiring medical treatment or medication?

Yes ☐ No ☐

If yes please give 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:

____

____

____

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 details: ____

____

____

d] Is your son/daughter allergic to any medication?

Yes ☐ No ☐

If yes please give details: ____

____

____

e] When was the last time your child received a tetanus injection?

____

3. 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 Party Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Signed (Parent/Carer) ____

Print name ____

Date ____

4. CONTACT TELEPHONE NUMBERS:

a] I/we ____ [names] may be contacted by telephone on the following numbers:

Work: ______________________________ Home: ______________________________

Mobile: ______________________________

Home Address: ____

____

____

b] If the contact above is unavailable then please contact ____ who may be contacted by telephone on the following numbers:

Work: ______________________________ Home: ______________________________

Mobile: ______________________________

Home Address: ____

____

____

c] Name, address and telephone number of family doctor:

Doctor (name): __________________________ Tel: ______________________________

Home Address: ____

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***** THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. *****