

Parental Consent for a School Visit



1 Name of School

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2 Details of visit

Departs from	on	at
Returns to	on	at

3 Details of pupil

Full name	
Boy or girl	Date of birth

4 Medical Information

a Any conditions requiring medical treatment including medication

Please give brief details. Include asthma, diabetes, heart trouble, travel sickness, epilepsy, migraine or other information which may help those who will be caring for your child.

b Details of any medication known to be required during the visit

Medicine	
Dosage	Frequency

c Details of any allergies

To medicines
To foodstuffs
Others

d Medication not prescribed by a doctor

Please list any medication which you might give your child for relief of pain / flu symptoms ONLY IF YOU CONSENT to those who are caring for your child to give similar treatment.

e Infectious or contagious diseases

Has your child been in contact with or suffered from any infectious or contagious diseases in the last four weeks? If so, please give details.

f Other information

Please give details of recent illnesses or injuries which you consider relevant or information which could be useful to those caring for your child.

g Doctors contact details

Please give details of your child's GP. This is for emergencies and your family doctor will not normally be contacted without your knowledge.

Doctors name

Address

Telephone number

5 Special dietary requirements

Please give brief details of dietary requirements such as vegetarian, vegan, foods not eaten or allergies.

6 Swimming ability

To be completed if the visit includes activities in or near to water which could be hazardous

Is your child able to swim 50 metres	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child confident in a swimming pool	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child confident in the sea or open water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child safety conscious in water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

7 Other information

Please give any other information which you think might be helpful to those who will be caring for your child

8 Declaration

I would like (name of pupil) to take part in this visit.

I agree to him/her receiving medication as detailed in Section 4 of this form and to any emergency dental, medical or surgical treatment, including an aesthetic or blood transfusions, as considered necessary by the medical authorities present.

Parents/carers are advised that some activities may contain an element of risk. Pupils will be supervised by staff with appropriate qualifications and experience but parents/carers are asked to remind their children of the importance of following the instructions of staff at all times.

I undertake to pay the charges applicable to his/her participation in this visit.

Signed Date

(Parent/Carer)

Print name

(Parent/Carer)

Please provide home contact details

Address

Postcode

Daytime telephone number

Evening telephone number