



## VISIT/TRIP PARENTAL CONSENT FORM

2018/19

Dear families,

Each year we ask that this form be completed to cover any visits or trips that you would like your child to take part in. As it lasts for the whole year, **please inform the school immediately if any contact numbers or medical information changes.**

### 1. Visit/trip consent:

Period of cover from: **September 2018** to: **July 2019**

I agree to my child: \_\_\_\_\_ (insert name of child), taking part in classroom trips, visits and sports events throughout the period of cover detailed above. I am aware that I will be given full details of these trips as and when they arise and that the following will apply:

- They will be expected to behave obediently and responsibly;
- As with every activity that your child takes part in there is always a level of risk, however the visit will be managed to minimise the risks involved;
- Insurance cover provided by the school does have limitations;
- As part of planned transport arrangements, or in an emergency, it may be necessary for pupils to be transported in staff vehicles.

Please detail below any particular activities that your child cannot take part in:

\_\_\_\_\_

If water activities are involved, is your child confident in water?

YES / NO

### 2. Medical information, declarations and consent

a) Your child's date of birth: \_\_\_\_\_

b) Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware: YES / NO

If YES, please give details of anything the leader needs to know about to safely care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc:

\_\_\_\_\_

I give my consent \*\* for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent \*\* for my child to self-administer the above drugs.

\*\* delete if not applicable

- d) 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.

- e) Is your child allergic to any medication: YES / NO

If YES, please specify.

- f) When did your child last receive a tetanus injection?

- g) Please describe any special dietary requirements of your child:

- h) I agree to inform the School Office of any changes to these medical questions during the period detailed above.

- i) Should the situation arise that my child requires emergency treatment, I give permission for my child to receive emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

### 3. Contact numbers

- a) I may be contacted by telephoning the following numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

My home address is: \_\_\_\_\_  
\_\_\_\_\_

- b) If I am not available, please contact:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

- c) Name, address and telephone number of family doctor: \_\_\_\_\_  
\_\_\_\_\_

### 4. Any other relevant information

### 5. Signature

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (in capitals): \_\_\_\_\_:

1 copy to be held by school

1 copy to be taken by leader on any visit