

13th February 2020

OFF-SITE PARENTAL CONSENT FORM
Confidential Information

Pupil's Surname Pupil's forename.....

Date of Birth..... Age on departure

Visit to Date s

I wish my child to take part in the above mentioned visit and agree to him/her taking part in the activities described in the information sheet.

I understand that, whilst the staff in charge of the party will take all reasonable precautions to ensure the safety of the children they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

I shall instruct my child to wear a seat-belt whilst travelling by motor vehicle and to abide by any other safety instructions and behavioural requirements.

I, (your name in block capitals please) give consent to the medical examination of my child, if necessary, whilst he/she is taking part in the visit, and I request that any procedures or other measures considered necessary by a medical authority for their diagnosis and treatment shall be performed. I hereby give permission for such procedure or other measures to be carried out in an emergency only and for the administration of a general or local anaesthetic if necessary.

Signed.....(parent/guardian)

(NB. every effort will be made to contact parents in the case of a medical emergency)

To ensure parents can be contacted in case of an emergency please complete the following:

Name..... Relationship to child.....

Parent's home address:

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Home telephone.....Work.....Mobile..... Address during
visit.....Telephone.....
(if different to above)

Other emergency contact:

Name..... Relationship to child.....

Address.....

Home telephone.....Work.....Mobile.....

It is very important to have your child's medical details. Please complete the following as fully as possible

Doctor's name:.....Telephone number:.....

Address:.....

Is your child allergic to anything (e.g. aspirin, antibiotics, a food/drug? Please give details:

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Does your child suffer from any of the following: asthma, hay fever, heart condition, migraine, fits or faints, diabetes, travel sickness, celiac disease or any other illness or disability? Please give details:

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Is your child on any medication at present apart from medicines that have been advised already and kept in school?

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(If yes please give the medicine to the teacher-in-charge with written instructions about dosage and any side effects on departure)

Date of anti-tetanus injection if known

Does your child have any physical disability that requires special attention?

If yes please give details.....

Does your child have any special dietary requirements?

