

Form 4 – Parental Consent for a School Visit
(To be distributed with an information sheet giving full details of the visit)

School/Group:

1. **Details of visit to:**
From: Date/Time: To: Date/Time:

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:**

.....
.....

(c) **(For residential visits and exchanges only) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO**

If YES, please give brief details:
.....
.....

(d) **Is your son/daughter allergic to any medication? YES/NO**

If YES, please specify:
.....
.....

(e) **When did your son/daughter last have a tetanus injection?**

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.

3. **Declaration**

I agree to my son/daughter receiving medication as instructed and any emergency 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.

Contact Name:

Tel Nos Work/Home/Mobile:

Home Address:

Alternative emergency contact name:

Tel Nos Work/Home/Mobile:

Address:

Name of Family Doctor: Tel No:

Address:

Signed: Date:

Full Name (capitals):

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