

# **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.**