

PARENT/CARER CONSENT FOR A RESIDENTIAL TRIP



Name of pupil.....Male /Female

Establishment/Group:

Visit to:

Date:

1. Permission/Behaviour

I have read the information sheet and I agree to my child's participation in this visit and in the activities described. I acknowledge the need for my child to behave responsibly throughout the visit and understand that, if my child's behaviour is cause for concern, I will be informed immediately and will be asked to travel to the venue to take him/her home and that there will be no refund on the cost of the trip.

2. Medical information about your child

a) Does your child have any medical conditions requiring treatment or medication? **YES / NO**

If yes, please give details:

Please complete an **Administration of Medicines** form for prescribed medicines - from the school office or website

b) Please outline any food or other allergies and special dietary requirements of your child:

.....

c) Is your child allergic to any medication? If yes, please specify **YES / NO**

.....

Has your child had any recent illness or accident staff should be aware of?

YES / NO

If yes, please give details:

.....

d) Has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES / NO

If yes, please give details:

.....

e) If necessary may your child be given Calpol? (The school will provide this)

YES / NO

3. Emergency Contact Details

1. Name: Relationship to child:.....

Mobile : Home:

Work:

2. Name: Relationship to child:.....

Mobile Phone..... Home Phone.....

Work:.....

Home address:.....

email:.....

Name of family doctor or surgery:

Telephone number:

I give consent for my child to have his/her photograph taken for school use and the school website.

YES / NO

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.

I agree to the conditions regarding behaviour.

Signed.....

Full name (please print).....

Relationship to child:.....

**THIS FORM OR A COPY WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT**