

Parental Consent Form For Authorised Residential Educational Visits

Section 1:

Details of Educational Visit

Educational Visit to:.....

Activities to be undertaken:.....

.....

Date of Departure:.....

Time:.....

Date of Return:.....

Time:.....

Group Leader:.....

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Section 2:

Pupil Details

Name of Pupil:.....

Male / Female*

Date of Birth:.....

- a) Does your child require emergency medical treatment for an allergy? Yes / No*
If yes please give details.....
Do you agree for the adults accompanying your child to administer that treatment?
Yes / No*
- b) Does your child require any on-going medication Yes / No*
If yes please give details.....
Do you agree for the adults accompanying your child to administer that treatment?
Yes / No*
- c) Has your child or any member of your family suffered a contagious or infectious
disease within the last 3 months? Yes / No*
If yes please give details.....
- d) Has your child been in contact with any other person with a contagious or infectious
disease? Yes / No*
If yes please give details.....
- e) Is your child allergic to any medication? Yes / No*
If yes please give details.....
- f) Is your child allergic to self-adhesive dressing? (Elastoplast etc) Yes / No*
- g) Has your child received a tetanus injection in the past 2 years? Yes / No*
- h) Does your child suffer from travel sickness? Yes / No*
- i) Does your child have incontinence problems? Yes / No*

*delete as applicable

j) Does your child have any special dietary requirements? Yes / No*
If yes please give details.....

k) Does your child suffer from any psychiatric illness? Yes / No*
If yes please give details.....

l) Is there any other medical information about which we should be aware? Yes / No*
If yes please give details.....

Other Relevant Details

a) Is your child able to swim 25m or more? Yes / No*

b) Are there any activities you do not wish your child to participate in? Yes / No*
If yes please give details.....
.....

*delete as applicable

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Section 3:

Your Contact Details

Name:..... Relationship:.....

Home Address:.....

.....

Home Telephone Number:.....

Work Telephone Number:.....

Mobile Telephone Number:.....

Alternative Emergency Contact Details:

Name:..... Relationship:.....

Home Address:.....

.....

Home Telephone Number:.....

Work Telephone Number:.....

Mobile Telephone Number:.....

Section 4:

Family Doctors Details

Name:.....

Address:.....

Telephone Number:.....

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Section 5:

Declaration

I agree to my son /daughter.....(Name)

Taking part in the above activity and having read the information sheet provided agree to his / her participation in the activities described (with the exception of anything mentioned in Section2: Other Relevant Details – Question b).

I acknowledge the need for obedience and responsible behaviour on his / her part and I am aware of the procedure of returning pupils home prior to the end of the visit where their behaviour endangers the Health and Safety of other pupils.

I agree to my son / daughter receiving emergency medical surgical and dental treatment, including anaesthetic and blood transfusions that may be considered necessary by the medical authorities present.

NOTE: If there are any exceptions to your child receiving medical treatment please supply an accompanying letter stating what those exceptions are.

I understand the school's policy in the administration of medicines and that the Group Leaders will not administer non-prescribed medicines.

I understand the extent and limitations of the insurance cover provided.

I undertake to inform the school as soon as possible of any change in the medical circumstances between the date of signing and the commencement of the journey.

I understand that the details disclosed could be passed on to the organisers insurer and / or medical adviser if necessary.

Signed:.....(Parent/Guardian*) Date:.....

*delete as applicable