



Church Hill Infant School

Headteacher: Mrs M Bulsara



Beaumanor Residential Visit 2017

PARENTAL & MEDICAL CONSENT FORM

The group leader must take this form (or a copy) on the visit

1. Details of Visit:

Visit to:

From (date & time): To (date & time):

I agree to my son/daughter: (delete where not applicable)

Full Name:

taking part in the above-mentioned visit and agree to his/her participation in all activities. I declare my child to be in good health and physically able to participate in all activities. I acknowledge the need for good conduct and responsible behaviour on his/her part.

2. Medical Information about your Child:

(a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication? **YES / NO**

If yes, please give details:

(b) Please outline the type of pain/flu relief medication your child may be given if necessary:

(c) To the best of your knowledge, has your son/daughter 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:

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

If yes, please give details:

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

(f) Does your child have any special dietary requirements? **YES / NO**

If yes, please give details:

I will inform the group leader/headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3. Insurance Cover

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have arranged it.

4. Emergency Contacts

I may be contacted by telephoning the following numbers (please include all persons with legal responsibility for the young person):

Name:

Tel Home: Work: Mobile:

Name:

Tel Home: Work: Mobile:

Name:

Tel Home: Work: Mobile:

Child's home address:

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Name, address and telephone number of family doctor:

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5. Declaration

- I have read the attached information provided about the proposed visit and the insurance arrangements
- I have noted where and when the children are to be returned and I understand that I am responsible for getting my child home safely from that place
- I will ensure that any change in circumstances which will affect my child's participation in the visit will be notified to the organiser/headteacher prior to the visit
- I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic and blood transfusions as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed:	
	(Parent/Guardian with legal responsibility for the young person)
Name:	
	(Block capitals please)
Date:	