



Educational Visits Parental Consent

Please note, this consent form should only be used when payments haven't been made using ParentPay

Educational visits consent form

Pupil details	Visit details
Name:	Destination:
Year group:	Date:
Date of birth:	Time:
Home telephone number:	I have read and agree to the terms and conditions set out in the conduct agreement <input type="checkbox"/>

Please detail below if your child suffers, even mildly, from any medical condition such as epilepsy, asthma, diabetes, heart condition, allergies, bed wetting or physical weakness. Also, if your child has suffered from any contagious or infectious diseases during the past three months, please detail these. **All information will be treated in confidence**

When did your child last have a tetanus injection?

Does your child have any conditions that require medical treatment, including medication?

Yes No

Note: If your child requires medication, a parental medication consent form must also be completed. (Form is available on the school website or from the Medical Welfare Officer)

If your child is taking medication, please give details, including whether it can be self-administered:

Is your child allergic to any medication? YES/NO. If yes, please specify:

Are you happy for your child to be given any pain/flu relief medication if necessary? YES/NO

If yes, please give details on the type of medication:

Please give details of any special dietary requirements:



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Family doctor:		Telephone number:	
Address:			

I give permission for my child to participate in the above school visit. I have read all the information given and accept that I have read and agreed to the terms and conditions of the conduct agreement. I further consent to my child being given any urgent medication or surgical treatment which may be considered necessary by the medical authorities during the school visit. I understand that my child is covered by the school's insurance, and that I am able to take out my own additional insurance if I wish. I will inform the school of any change in the circumstances outlined above.

Signed: _____ Date: _____

Parent's name in BLOCK capitals: _____ Address: _____ _____ _____ Telephone number: _____	Please give an alternative contact name and telephone number in case we cannot reach you in an emergency: Emergency contact one Name: _____ Telephone number: _____ Relationship to pupil: _____ Emergency contact two Name: _____ Telephone number: _____ Relationship to pupil: _____
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This form or a copy must be taken by the Group Leader on the visit. A copy should be retained by the school.