

**CONFIDENTIAL**  
**PARENTAL CONSENT FORM**  
**TO COVER ACADEMIC YEAR AUGUST 2019 TO JULY 2020**

**Year 13**

Student name..... (in caps please)

**1. Consent for participation in the visit**

**I agree to my son/daughter** taking part in visits for the academic year 30<sup>th</sup> August 2019 to 24<sup>th</sup> July 2020 inclusive. I will be asked to give permission for each trip/visit that my son/daughter attends. My permission, once obtained, extends to include his/her participation in any or all of the activities\* described, or I will list those that my child cannot participate in. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for students to be transported in staff vehicles.

If water activities are involved, is your child confident in water? **YES/NO/NOTAPPLICABLE**

**2. Medical information, declarations and consent**

a) Son/daughter's date of birth: \_\_\_\_\_

b) Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware: **YES/NO**  
If YES, please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

| Name of medication | Dosage | Times of day or circumstances to be given | Method of administration |
|--------------------|--------|---|--------------------------|
|                    |        |   |                          |

Any special precautions, side effects of medication etc:

**I give my consent \*\*** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

**I give my consent \*\*** for son/daughter to self-administer the above drugs.

**\*\* delete if not applicable**

d) 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, or become, contagious or infectious? **YES/NO**  
If YES, please give brief details.

e) Is your son/daughter allergic to any medication:  
If **YES**, please specify.

**YES/NO**

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

g) Please outline any special dietary requirements of your child:

h) **I undertake** to inform the group leader/head teacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

i) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

### 3. Contact numbers

a) I ..... (name) may be contacted by telephoning the following numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

My home address is: \_\_\_\_\_

b) If I am not available, please contact:

Name: \_\_\_\_\_ Telephone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

c) Name, address and telephone number of family doctor: \_\_\_\_\_

4. **Any other relevant information** (Please provide NHS number if known and/or home postcode so that medical records can be found quickly on hospital systems if this became necessary).

### 5. Signature

Signed: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

1 copy to be held by school emergency contact

1 copy to be taken by leader on the visit