

## PARENTAL CONSENT FOR AN EDUCATIONAL VISIT

**To be distributed with an information sheet giving full details of the Visit**

Establishment/Group: Bramingham Primary School

Details of Educational Visit to: British Museum

From: Date: 06/11/18

Time: 8.00am

To: Date: 06/11/18

Time: 5.30pm - 6.00pm

I agree to \_\_\_\_\_ (name taking part in this Educational Visit)

I have read the information sheet. I agree to \_\_\_\_\_'s participation in the activities described.

I acknowledge the need for \_\_\_\_\_ to behave responsibly throughout the Visit.

### 1. Medical information about your child

- a) Any conditions requiring medical treatment, including medication? YES/NO  
If YES, please give brief details:

\_\_\_\_\_

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

\_\_\_\_\_

- c) Any recent illness or accident staff should be aware of?

\_\_\_\_\_

- d) The type of pain/flu relief medication your child may be given if necessary:

\_\_\_\_\_

### For Residential Educational Visits and exchanges only

- e) 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 infections? YES/NO  
If YES, please give brief details:

\_\_\_\_\_

- f) Is your son/daughter allergic to any medication? YES/NO  
If YES, please specify:

\_\_\_\_\_

- g) When did your son/daughter last have a tetanus injection:

\_\_\_\_\_

**Declaration**

- I consent to any emergency medical treatment required by my child during the course of the Educational Visit.
- I confirm that my child is in good health and I consider him/her fit to participate.

Contact Telephone numbers:

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

Home address: \_\_\_\_\_  
\_\_\_\_\_

Alternative emergency contact: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Name of family doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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