

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: 29/10/19 Time: 8.00am

To: Date: 29/10/19 Time: 5:00pm

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