

Horsington Church School

"That they may have life, Life in all its fullness."

John 10:10



PARENTAL CONSENT FOR A SCHOOL VISIT

Horsington Church School

| 1. | trip/visneed f Paying part are the me completed. | and will read the detailed information provide isit. I agree to his/her participation in activitie for him/her to behave responsibly. If for the visit on ParentPay is acknowledgement and I will inform the Class Teacher/School Officedical or other circumstances. Those parents lete a consent form (available on the websit onsent also covers walks to the Church, walking the significant of the consent of the con | es as described and I acknowledge the ent of my consent for my child to take ice as soon as possible of any changes NOT paying by ParentPay will need e) for EACH trip. | d e s in to |
|----|---|--|---|-----------------------------|
| | School and other local venues, visits to the Sports Centre in Wincanton which may not incur a charge. | | | |
| 2. | There is a separate consent form for parents to complete for residential trips. Medical information about your child | | | |
| | a. | Any conditions requiring medical treatment If YES, please give brief details: | t, including medication? YES/NO | Э |
| | | | | |
| | b. | Please outline any special dietary requirements pain/flu relief medication your child may be | | |
| | | | | |



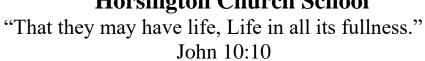
Horsington Church School "That they may have life, Life in all its fullness." John 10:10



| | C. | Is your son/daughter allergic to any medication? YES/N If YES, please specify: | | |
|----------------------------|---|---|--|--|
| | | | | |
| | d. | When did your son/daughter last have a tetanus injection? | | |
| | I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances should they occur during the year. | | | |
| 3. | Declaration I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. | | | |
| | | | | |
| | | understand the extent and limitations of the insurance cover provided. Copies of the schools insurance policies are available on request. | | |
| Contact telephone numbers: | | | | |
| Work: | | Home: | | |
| Home a | address | : | | |



Horsington Church School





| Alternative emergency contact: | | | | | |
|--------------------------------|-------------------|--|--|--|--|
| Name: | Telephone number: | | | | |
| Address: | | | | | |
| | | | | | |
| | Telephone number: | | | | |
| Address: | | | | | |
| | | | | | |
| Signed: | Date: | | | | |
| Full name (capitals): | · | | | | |

Click link to **Privacy Notice** to see how we may use your information.

THIS INFORMATION WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE **RETAINED BY THE SCHOOL CONTACT**