



**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.**

I agree/ to \_\_\_\_\_ taking part in school visits throughout the year and will read the detailed information provided at the time relating to the proposed trip/visit. I agree to his/her participation in activities as described and I acknowledge the need for him/her to behave responsibly.

Paying for the visit on ParentPay is acknowledgement of my consent for my child to take part and I will inform the Class Teacher/School Office as soon as possible of any changes in the medical or other circumstances. **Those parents NOT paying by ParentPay will need to complete a consent form (available on the website) for EACH trip.**

This consent also covers walks to the Church, walking in the local area, sports fixtures at School and other local venues, visits to the Sports Centre in Wincanton which may not incur a charge.

There is a separate consent form for parents to complete for residential trips.

**2. Medical information about your child**

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

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- b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

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c. Is your son/daughter allergic to any medication?

YES/NO

If YES, please specify:

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d. When did your son/daughter last have a tetanus injection?

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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.

I 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 address: \_\_\_\_\_

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Alternative emergency contact:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

\_\_\_\_\_

Name of family doctor: \_\_\_\_\_ 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**