



## PARENTAL CONSENT FOR A SCHOOL VISIT

### Horsington Church School

**Venue and Visit Date** .....

**1.**

I agree/ to \_\_\_\_\_ taking part the school 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.

**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 between now and the commencement of the journey.



### 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.

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