

# Parental consent - school visit

**School/Form/Group**

The school may wish to consider some of the areas contained in this template when drafting its own parental consent form. It is the school's complete responsibility to ensure that the parental consent form they ultimately produce fully complies with the requirements of the school's, local education authority's if applicable, & legal guidelines.

## 1. Details of visit

Visiting: \_\_\_\_\_

Date & Time From: \_\_\_\_\_ To: \_\_\_\_\_

I agree to (full name) \_\_\_\_\_

taking part in this visit and have read the school's attached trip information sheet.

I agree to \_\_\_\_\_'s participation in the activities described in the school's trip information sheet.

I acknowledge the need for \_\_\_\_\_ to behave responsibly and that I will impress this upon him/her.

## 2. Medical information about your child

Has your child any conditions requiring medical treatment, including medication and using inhalers? Yes / No

If Yes please give brief details: \_\_\_\_\_

\_\_\_\_\_

Please outline any special dietary requirements for your child: \_\_\_\_\_

\_\_\_\_\_

Please indicate the type of pain/flu relief medication your child may be given if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. For residential visits and exchanges only

You understand that should your child come into contact with contagious or infectious diseases within the four weeks preceding a visit/exchange, it is important that you inform us immediately Yes / No

If the visit/exchange is less than 4 weeks away and your child has recently been in contact with contagious or infectious diseases please give brief details below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your son/daughter allergic to any medication? Yes / No

If Yes please specify: \_\_\_\_\_

When did your son/daughter last have a tetanus injection? \_\_\_\_\_

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

#### 4. Declaration

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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 that I may obtain a copy of the school's applicable insurance terms & conditions for this trip upon request from the school.

#### Contact telephone numbers

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

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

Mobile: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

#### Alternative emergency contact

Name: \_\_\_\_\_

Home or Mobile Phone number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signed** (parent/carer/guardian)

\_\_\_\_\_  
**Date**

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

Consent Form to be distributed with an information sheet giving full details of the visit.

This form or a copy will be taken by the group leader on the visit. A copy will also be retained by the school contact.

**Chubb. Insured.<sup>SM</sup>**