

Chubb European Group SE 100 Leadenhall Street London EC3A 3BP

Parental consent - school visit

School/Form/Group	
The school may wish to consider some of the areas contained in this temp complete responsibility to ensure that the parental consent form they ultilocal 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	on sheet.
I agree to 's participa	ation 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 med	dication 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 by the property of the pain of the	ven if necessary:
3. For residential visits and exchanges only	
You understand that should your child come into contact with contagious exchange, it is important that you inform us immediately Yes / No	or infectious diseases within the four weeks preceding a visit/
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 chacommencement of the journey.	anges in the medical or other circumstances between now and the

4. 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 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 she	et 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.

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