

# PARENTAL CONSENT FORM

## CATEGORY A or B VISIT

School: Toll Bar Primary

Details of visit to: Curriculum Day trips and local walks

Date: Autumn Term 2010

Time: 9.00 - 3.00

1. I acknowledge the need for \_\_\_\_\_ (name) to behave responsibly.

Date of Birth \_\_\_\_\_

**2. Medical information about your child**

(a) Any conditions requiring medical treatment, including medication? Yes / No

If YES, please give brief details: \_\_\_\_\_

(b) Please outline any:

special dietary requirements of your child \_\_\_\_\_

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

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

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

(d) When did you son/daughter last have a tetanus injection? \_\_\_\_\_

(e) Date of Birth \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

**3. Declaration**

I would like \_\_\_\_\_ (name) to take part in the curriculum visits and having read the information provided agree to him/her taking part in the activities described. Parents will be informed before children are taken out of school.

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

Contact telephone numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

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

Alternative emergency contact:

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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