

PARENTAL CONSENT FORM

CATEGORY A or B VISIT

School: Toll Bar Primary

Details of visit to: For all Curriculum Day trips and local walks

Date: September to July 2012

Time: 8.30 – 5.00 pm

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): _____