

PARENTAL CONSENT FOR A SCHOOL VISIT

School/Group: *The Meadows School, Wooburn Green, High Wycombe, Bucks, HP10 0HF*

Visit to:

From: **To:**

Pupil's name: **Date of birth**

1.	I agree to (name) taking part in this visit and have read the information sheet. I agree to 's participation in the activities described. I acknowledge the need for 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:
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:
c.	To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO If YES, please give brief details:
d.	Is your son/daughter allergic to any medication? YES/NO If YES, please specify:
e.	When was the last time your child received a tetanus injection?

Signed: **Date:**

Declaration

I agree to my son/daughter receiving medication as instructed and any urgent 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.

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.

Signed: **Date:**

Full name (capitals):

Contact telephone numbers

I may be contacted by telephoning the following numbers:

Work: Home:..... Mobile:

Home address:

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.....

If I am not available at above, please contact:

Name:..... Tel No:.....

Address:

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Name and address of family doctor:

Name: Tel No:

Address:

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Photo Consent

(please tick) I would be interested in purchasing a souvenir CD with all the photos from the 2 days in London at a small cost of £1 (details to follow, payments at a later date)

(please tick) I give consent for photos of my child taken by members of staff to be put onto the souvenir CD.

Signed: **Date:**

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT