

King David Primary School



Parental Consent for a School Visit

I agree to my child (print child's full name),
class taking part in the arranged visit to

I agree to my child taking part in the activities described in the accompanying letter and acknowledge the need for responsible behaviour at all times during the visit.

Medical/ dietary information about your child:

A) Any conditions requiring special medical treatment, including medication to be taken on the visit? **YES/NO** If YES, please provide further details:

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B) Please outline any special dietary requirements of your child:

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C) When did your child last have a tetanus injection?/...../20.....

Declaration:

I agree to my child 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.

D) Is your child allergic to any medication? **YES/NO**
If YES, please provide brief details:

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Contact telephone numbers:

Name of contact/ relationship with child:

Work: Home:

Name of alternative emergency contact/ relationship with child:

.....

Work: Home:

Name of family doctor:

Surgery/ Practice name:

Practice telephone number:

Practice address

Signed:

Date:

Print full name:

NO CHILD WILL BE ALLOWED TO PARTICIPATE UNLESS THIS FORM IS COMPLETED IN ADVANCE OF THE TRIP.

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.

A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.