



Ark St Alban's Academy

PARENTAL CONSENT FOR A SCHOOL VISIT

Note – ALL sections must be completed

Visit to:

I agree to _____ (full name of Student)

taking part in these visits and have read the information sheet. I agree to _____'s participation in the activities described. I acknowledge the need for _____ to behave responsibly.

1. **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:

c) Please tick which of the following may be given if necessary :

- | | | | |
|---------------|--------------------------|------------------------|--------------------------|
| • Paracetamol | <input type="checkbox"/> | Sun cream | <input type="checkbox"/> |
| • Neurofen | <input type="checkbox"/> | After Sun | <input type="checkbox"/> |
| • Ibuprofen | <input type="checkbox"/> | Anti histamine tablets | <input type="checkbox"/> |
| | | ○ Anti histamine cream | <input type="checkbox"/> |

For residential visits and exchanges only

d) 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 :

e) Is your son/daughter allergic to any medication? YES/NO

If YES, please specify :

f) When did your son/daughter last have a tetanus injection?

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

2. 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 the extent and limitations of the insurance cover provided.

Contact telephone numbers :

Work : _____ Home : _____

Home address : _____

Alternative emergency contact :

Name : _____ Telephone number : _____

Address : _____

Name of family Doctor : _____ Telephone number : _____

Address : _____

Signed : _____ (Parent/Guardian)

Date : _____

Full name (capitals) : _____

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