

## **PARENTAL CONSENT FOR AN EDUCATIONAL VISIT – Sheffield LEA**

School/Group Hunter's Bar Junior School Y6 Residential Visit to Thornbridge Outdoors

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Week beginning 21st November 2016

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I agree to \_\_\_\_\_ (child's name)

- Taking part in this visit and have read and understand the information provided. Yes ☐
- I understand the extent and limitations of the insurance cover provided. Yes ☐
- I agree to my son/daughter's participation in the activities described (with the exception of those indicated below). Yes ☐

Are there any activities which your child cannot participate in?

Yes ☐ No ☐

If yes, provide details here:

I acknowledge the need for my son/daughter to behave responsibly and if necessary will fund the early return of my child if his/her conduct gives cause for concern. Yes ☐

### **Medical information about your child**

a) Date of birth of your son/daughter: \_\_\_\_\_

b) Does your child suffer from any conditions which the visit leader needs to be aware of for example: medical conditions, illness, allergies, night-time tendencies (sleepwalking, bedwetting, nightmares), travel sickness etc? Yes ☐ No ☐

c) If yes, please provide details:

d) Does your child take medication? Yes ☐ No ☐

e) If yes, please give details, including how medication is administered, including details of medication, timing, dosage and any side effects:

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

g) 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 ☐

h) If yes, please give details:

i) Is your son/daughter allergic to any medication?

Yes ☐ No ☐

j) If yes, please specify:

k) When did your son/daughter last have a tetanus injection? \_\_\_\_\_

l) I will inform the visit leader/head teacher as soon as possible of any changes in medical or other circumstances between now and the commencement of the visit.

Yes ☐

m) 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.

Yes ☐ No ☐

### **Special educational needs and disabilities**

If your child has any special educational needs and/or disabilities which the school needs to know about for this visit, please outline them here indicating how they may be supported for this visit:

### **Contact information**

I can be contacted using the following telephone numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

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

Alternative contact (name): \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

Relationship to pupil: \_\_\_\_\_

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

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

### **5. I consent to my child taking part in this visit:**

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

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

Information contained in this form should be readily available to the leader throughout the visit. This normally means taking a copy of the completed form(s) on the visit. Copies should also be retained by the school.