PARENTAL CONSENT FOR AN EDUCATIONAL VISIT – Sheffield LEA

School/Group: Hunter's Bar Junior School Y4 Residential Visit to Castleton YHA

Monday 23rd March to Wednesday 25th March 2020

I agree to _____ (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. 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.