

PARENTAL CONSENT FOR A SINGLE EXCURSION

Details of visit to _____

On _____ From _____ to _____

I agree to _____ (full name) taking part in this visit and am fully aware of the activities taking place. I agree to _____'s participation in the activities described and acknowledge the need for them to behave responsibly.

Medical Information about your child

Does your child have any allergies? YES/NO

Does your child have any dietary requirements? YES/NO

If yes, please give details _____

Date of Birth _____ When did you child last have a tetanus injection _____

Does your child have any medical conditions requiring medical treatment, including medication?

YES NO

If yes, please give details of the condition below, and any medication that your child will need.

CONDITION _____	MEDICATION (Including dose and when needed)
-----------------	---

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

Child's name: _____ can administer his/her medication/requires supervision to administer his/her own medication or requires assistance to administer medication*

I request that the treatment be given in accordance with the above information by a member of school staff. I undertake to supply the school with medication clearly labelled with child's name, medication name and dosage instructions. I understand that whilst my child is in the care of the school, the staff stand in the position of the parent and may, therefore, need to arrange medical aid considered necessary in an emergency, but that I will be told of any such action as soon as possible.

.....Continued overleaf

*Please delete as appropriate

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 information:

Telephone number(s) _____

Home address _____

Alternative emergency contact:

Name _____ Telephone number _____

Address _____

Name of family Doctor _____ Tel number _____

Address _____

Signed _____ (parent/carer) **Date** _____

Full name (capitals) _____

This form or a copy must be taken by the group leader on the visit. Copy must be destroyed by school on return.