

PARENTAL CONSENT FOR A SCHOOL VISIT

School/Group: **Waddesdon Church of England School**
 Visit to: **Seville, Spain**
 Date: **27-31 May 2019**

Student's full name:..... Date of Birth:
 * Please use **BLACK** ink *

I agree to the above named taking part in this visit and have read the information supplied by the school. I agree to his/her participation in the activities described and acknowledge the need for him/her to behave responsibly at all times.

Medical Information about your child

Does your child suffer from any conditions requiring medical treatment or medication **YES NO**

If YES, please give details (continue overleaf if necessary):

Does your child have any special dietary requirements? **YES NO** If YES, please specify:

Is your child allergic to any medication? **YES NO** If YES, please specify:

What type of pain/flu relief medication may be given to your child if necessary?

DELETE THIS STATEMENT IF NOT APPLICABLE:

I confirm that I have administered paracetamol / Calpol (*circle as appropriate*) to my child in the past without adverse effect. I give my consent for school staff to administer paracetamol in accordance with school policy. I will inform the school immediately in writing if my child is adversely affected by paracetamol between now and the commencement of the visit.

To the best of your knowledge, has your child been in contact with any contagious or infectious disease, or suffered from any illness that may be contagious or infectious in the last four weeks?

YES NO If YES, please give details

When did your child last receive a tetanus injection?

Declaration

I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the Group Leader / Headteacher as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the visit.

Signed: Date:

Full name (in block capitals):

Relationship to student:

Emergency Contact Details

I may be contacted on the following numbers:

Home:

Work:

Mobile:

If I am not available, please contact..... (name)

Relationship to student:

Home:

Work:

Mobile:

Family Doctor

Dr

Surgery:

Tel No:

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