

# Rack House Primary School

## ANNUAL PARENTAL CONSENT FOR A SCHOOL VISIT

Any visit/activities during the school year Sept 2015 /Aug 2016.

1. I agree to: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

taking part in a visit and participating in the activities.

I acknowledge the need for \_\_\_\_\_ to behave responsibly on any visit.

### 2. Medical Information About Your Child:

a) Any conditions which staff need to be aware of or which require medical treatment? **YES/NO**  
If yes, please give brief details:

\_\_\_\_\_  
Please outline the type of pain/flu relief medication your child may be given if necessary:

\_\_\_\_\_  
Please outline any special dietary requirements of your child

c) Is your son/daughter allergic to any medication? **YES/NO**  
If YES, please specify:

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

I will inform the Group Leader/Head Teacher/EVC as soon as possible of any changes in the medical or other circumstances between now and the commencement of any trip.

### 3. 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.

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

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

### 4. Contact information

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

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

Post Code \_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

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