



CONFIDENTIAL PARENTAL CONSENT FORM (to be distributed with full details of the visit)

1. Consent for participation in the visit

Visit to: _____

Date(s)/Times: _____ From: _____ To: _____

I agree to my son/daughter _____ (name) taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

* If there are any activities in which your child cannot participate, please give details:

I give permission for my son/daughter's name to be included in the collective passport to be held by the group leader
YES / NO / NOT APPLICABLE

If water activities are involved, is your child confident in water?
YES / NO / NOT APPLICABLE

2. Medical information, declarations and consent

a) Son/daughter's date of birth : _____

b) Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware: YES/NO
If YES, please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc:

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs.

** delete if not applicable