

## PARENTAL CONSENT FOR A SCHOOL VISIT

School: **MARSH SCHOOL, Abbey Barn Road, High Wycombe HP11 1RW**

Visit to:

Pupil's name: ..... Date of birth .....

**1.**

I agree to ..... (name) taking part in this visit and have read the information sheet. I agree to ..... 's participation in the activities described. I acknowledge the need for ..... to behave responsibly.

**2. Medical information about your child**

a. Any conditions requiring medical treatment, including medication? YES/NO  
If YES, please give brief details:

.....  
.....

b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

.....  
.....

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

.....  
.....

d. When was the last time your child received a tetanus injection?

.....

### **Declaration**

I agree to my son/daughter receiving medication as instructed and any urgent 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.

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

**Signed:** ..... **Date:** .....

**Full name (capitals):**

.....

**Contact telephone numbers:**

I may be contacted by telephoning the following numbers:

Work: ..... Home:.....

Home address: .....

.....

If I am not available at above, please contact:

Name:..... Tel No:.....

Address: .....

.....

**Name and address of family doctor:**

Name: ..... Tel No: .....

Address: .....

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