

Idsall School
Policy for Educational Visits and Journeys

PARENTAL CONSENT FORM FOR A SCHOOL VISIT (FORM 4)

From: _____
To Time: _____

Home: _____

Telephone number: _____

_____ (name of child) taking part
in sheet. I agree to their participation
and the need for them to behave

2. Medical Information about your child

GPs / Consultants name: _____

Telephone number: _____

Address: _____

a. Does your child have any pre-existing
disabilities? YES / NO If YES, please

b. Is your child currently taking any medication?

c. Is your child currently receiving medication?

PLEASE NOTE: ALL MEDICINES SHOULD BE HANDLED AT THE POINT OF DEPARTURE. UNDER NO CIRCUMSTANCES SHOULD MEDICINES BE LEFT IN POSSESSION. ONLY MEDICINES PRESCRIBED BY A DOCTOR. PLEASE DO NOT SEND ADULT DOSES OF PAINKILLERS.

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may your child be given if necessary?

YES / NO

other requirements of your child:

your son/daughter been in contact with any diseases or suffered from anything in the past 12 months or infectious? YES / NO

inform us as soon as possible of any changes in circumstances between now and the date of the visit being used in documents such as consent forms YES / NO

For trips that include swimming:

Is your child:

Able to swim 50m? YES/NO

Water confident in a swimming pool? YES/NO

Confident in the sea or open water? YES/NO

Safety conscious in water? YES/NO

3. Declaration

I agree to my son/daughter receiving medical treatment and to authorise the leaders and first aiders on the trip to authorise my child to receive any emergency medical treatment if necessary

Dental Treatment

Medical Treatment

Surgical treatment (including the administration of anaesthetics) if necessary by the medical authorities present when my consent to the particular treatment has been obtained).

Blood Transfusions

Resuscitation

Note: If there are some medical treatments that you do not want your child to receive, please ensure that you inform the trip leader before the trip.

I understand the extent and limitations of the above

Signed: _____

Full name (capitals): _____

Relationship to child: _____

THIS FORM OR A COPY MUST BE TAKEN BY THE TRIP LEADER AND WILL BE RETAINED BY THE SCHOOL HOME BASKET