



**Idsall School**  
**Policy for Educational Visits and Journeys**



**PARENTAL CONSENT FORM FOR A SCHOOL VISIT (FORM 10)**  
**Idsall School**

**1. Details of Visit to:** \_\_\_\_\_

From: Date/Time: \_\_\_\_\_ To: Date/Time: \_\_\_\_\_

I agree to \_\_\_\_\_ (name of child) taking part in this visit and have read the information sheet. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

**2. Medical Information about your child:**

GPs / Consultants name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

a. Is your child affected by any illnesses or disabilities relevant to this visit? YES/NO  
If YES, please give brief details:

\_\_\_\_\_  
\_\_\_\_\_

b. Is your child currently taking any medication? YES / NO

\_\_\_\_\_  
\_\_\_\_\_

c. Is your child currently receiving medical treatment? YES / NO

\_\_\_\_\_  
\_\_\_\_\_

d. What type of pain relief medication may your child be given if necessary?

\_\_\_\_\_  
\_\_\_\_\_

e. Is your child allergic to anything? YES / NO

\_\_\_\_\_  
\_\_\_\_\_

f. Please outline any special dietary or other requirements of your child:

\_\_\_\_\_  
\_\_\_\_\_



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g. Date of last anti-tetanus injection? \_\_\_\_\_

I will inform the Party Leader/Headteacher as soon as possible of any changes in my son/daughter's medical or other circumstances between now and the commencement of the journey.

**For activities 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 medication as I have instructed. I authorise the leaders and first aiders on this visit to give permission for my child to receive any emergency .....

- Dental Treatment

YES/NO
- Medical Treatment

YES/NO
- Surgical treatment (including the administration of anaesthetic as considered necessary by the medical authorities present if this should occur at a time when my consent to the particular treatment cannot otherwise reasonably be obtained).

YES/NO
- Blood Transfusions

YES/NO
- Resuscitation

YES/NO

**Note: If there are some medical treatments you will not consent to please ensure that you inform the trip leader by attaching details to this form.**

I understand the extent and limitations of the insurance cover provided.

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

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

Relationship to Child: \_\_\_\_\_

**Contact telephone numbers:**

Mobile: \_\_\_\_\_

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

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

**Alternative emergency contact:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

THIS FORM OR A COPY MUST BE TAKEN BY THE PARTY LEADER ON THE VISIT. A COPY WILL BE RETAINED BY THE SCHOOL HOME BASE EMERGENCY CONTACT