



Idsall School
Policy for Educational Visits and Journeys



PARENTAL CONSENT FORM FOR A RESIDENTIAL SCHOOL VISIT (FORM 11)
Idsall School

1. Details of Visit to: _____

From: _____ Date/Time: _____ To: Date/Time: _____

Child's full name: _____ (as per passport)

Date of birth: _____

Name of next of Kin: _____

Next of Kin contact numbers:

Mobile: _____

Work: _____ Home: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

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:



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

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

PLEASE NOTE: ALL MEDICINES SHOULD BE HANDED TO A TEACHER ON THE DAY OF DEPARTURE. UNDER NO CIRCUMSTANCES SHOULD CHILDREN HAVE MEDICINES IN THEIR POSSESSION. ONLY MEDICINES PRESCRIBED BY A DOCTOR WILL BE ADMINISTERED. PLEASE DO NOT SEND ADULT DOSES OF PAIN RELIEF PACKED IN CHILDREN'S BAGS.

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:

g. Date of last anti-tetanus injection? _____

h. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If YES, please give brief details:



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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.

I agree to photographs taken during the visit being used in school documents such as the prospectus and the school web site. 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 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: _____

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



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PASSPORT INFORMATION FORM

PLEASE COMPLETE IF APPLICABLE TO RESIDENTIAL TRIP

PLEASE PRINT INFORMATION CLEARLY

Full First Names (Matching Passport Spelling)	
Full Surname (Matching Passport Spelling)	
Date of Birth	
Passport Number	
Date of Issue	
Nationality	
Date of Expiry	

EHIC CARD INFORMATION

Please complete if applicable

EHIC NUMBER	
EXPIRY DATE	