

# Parental Consent for a School Visit

## School: Ecclestone Mere Primary School

1. Details of visit to \_\_\_\_\_  
From \_\_\_\_\_ Date/Time \_\_\_\_\_ to \_\_\_\_\_ Date/Time \_\_\_\_\_  
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:

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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:

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**For Residential visits and exchanges only.**

C. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious disease 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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D. Is \_\_\_\_\_ allergic to any medication?

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E. When did \_\_\_\_\_ last have a tetanus injection?

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

3. Declaration

I agree to \_\_\_\_\_ receiving medication as instructed and any emergency 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.

Contact telephone numbers:

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

Home Address:

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Alternative emergency contact:

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

Address:

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Name of doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

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