

NORTH YORKSHIRE COUNTY COUNCIL
EDUCATION SERVICE

Parental Consent For A Particular Visit
(to be distributed with full details of the visit)

1. Consent for participation in the visit

School: CAEDMON SCHOOL _____

Name of Pupil: _____ Date of Birth: _____

Visit to: _____

Date(s)/Times: From: _____ To: _____

I agree to my son/daughter (named above) taking part in the above mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided.

* If there are any activities in which your child cannot participate, please give details below:

* If water activities are involved, is your child confident in water? **YES/NO/NOT APPLICABLE**

2. Emergency Contact Numbers

I may be contacted on the following telephone numbers:

Work:	Home:	Mobile:
Home Address:		

If I am not available please contact:

Name:		
Work:	Home:	Mobile:
Home Address:		

2. Medical Information, declarations and consent

a) Does your son/daughter suffer from any conditions which the Group Leader **YES/NO** of the visit should be aware of:

b) If yes, please give details of anything the Group Leader needs to know about to safely care for your child (eg illness, travel sickness, allergies, Asthma etc).

c) Name, address and telephone number of family doctor:

d) Details of any medication (Please ensure all medication is in date and with your child the morning of the visit)

Name of Medication	Dosage	Time and Frequency or circumstances to be given	Method of Administration

Any special precautions, side effects of medication, any other treatment etc:

I give my consent** for a member of staff to administer the above medication which I will deliver to the Group Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent** for my son/daughter to self-administer the above medication.

**** delete if not applicable.**

e) 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, or become, contagious or infectious **YES/NO**
 If YES, please give brief details:

f) Is your son/daughter allergic to any medication? **YES/NO**
 If YES, please specify:

g) When did your son/daughter last receive a tetanus injection?

h) Please outline any special dietary requirements for your child:

I undertake to inform the Group Leader/Headteacher as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.

I agree to my son/daughter receiving emergency medical or dental treatment of any nature as considered necessary by the medical authorities present.

I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the Group Leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

Signed: Name: (Parent/Carer)

Date: