

South Darley CE Primary School
Parental Consent form for school visit

Childs/Childrens Name(s)		Date of Birth (s)	
Visit To			
I agree to my child/children, as named above, taking part in this visit and have read the information letter. I agree to my child/children, as named above, participating in the activities described. I acknowledge the need for them to behave responsibly.			
I confirm my child/children, as named above, is/are in good health and I consider him/her/them fit to participate in the activities described.			Yes/No
Medical information about your child/children. Does your child/children have any condition requiring medical treatment, including medication? If yes, please give brief details of the condition below: A medical form must also be completed for each child who requires medication.			Yes/No
Child 1 name:			
Child 2 name:			
Please outline below any special dietary requirements of your child and the types of pain/flu relief/medication your child may be given if necessary.			
Child 1 name:			
Child 2 name:			

Declaration

I agree to my child/children, as named above, 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. I will inform the Visit Leader/Head Teacher/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey. I understand that my child may be videoed or photographed by the school to promote the activity in school. I give consent for videos and photographs to be taken of my child. I also understand these might be used for promotional purposes by the school.

Signed		Dated	
Name in capitals		Relationship to child	
Work Tel number		Home Tel Number	
Mobile Tel number			
Full home address			

If I am not available, please contact:

Name		Relationship To child	
Tel no			

Doctors

Surgery Name	
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