

CONFIDENTIAL
PARENTAL CONSENT FORM
(to be distributed with full details of the visit)

NAME OF CHILD _____ YEAR _____

1. Consent for participation in any visits which occur during the education years at Christ the King.

I agree to my son / daughter _____ taking part in any visits 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. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

PLEASE COMPLETE ALL DETAILS BELOW.

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

I give/do not give permission for my son/daughter's name to be included in the collective passport held by the group leader

If water activities are involved, is your child confident in water? **YES / NO**

2. Medical information, declarations and consent

a) Date of birth of your son/daughter _____

b) Does your son/daughter suffer from any conditions of which the trip leader should be aware: **YES/NO**

If YES, please give brief details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

Name of Medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc: _____

I give/do not give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand 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/do not give my consent ** for son/daughter to self-administer the above drugs.

d) 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. _____

e) Is your son/daughter allergic to any medication: **YES/NO**

If **YES**, please specify _____

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

g) Please outline any special dietary requirements of your child: _____

h) **I undertake** to inform the group leader/ head teacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

i) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. Contact Information x 2:

a) Name: _____ Email: _____

Address: _____

Mobile: _____ Home Tel: _____

b) Name: _____ Email: _____

Address: _____

Mobile: _____ Home Tel: _____

c) Name, address and telephone number of family doctor/medical practice: _____

4. Any other relevant information _____

5. Signature: _____ **Date:** _____

Full name (capitals): _____

As this form covers the whole of your son/daughters' time at Christ the King it is your responsibility to advise the school of any significant changes which may affect your son/daughter (medical, dietary and emergency contact details etc).

(1 copy to be held by school

1 copy to be taken by leader on the visit)