



John Colet School, Wharf Road, Wendover, Aylesbury, Bucks HP22 6HF

PARENTAL CONSENT FOR A SCHOOL VISIT

Form:.....

Child/Young Person's name: ..... Date of birth: .....

Visit to:

From: To: On:

1. I agree to ..... (name) taking part in this visit and have read the information letter. I agree to ..... 's participation in the activities described. I acknowledge the need for ..... to behave responsibly. I acknowledge that if my child behaves irresponsibly and is required to come home, I will have to arrange to collect them at my own expense.

2. Medical Information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

.....
.....
.....

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:

.....
.....

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

.....
.....

d) When was the last time your child received a tetanus injection?

**Declaration**

I agree to my son/daughter receiving medication as instructed and any urgent 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 Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

**Signed:** ..... **Date:** .....

**Full Name (Capitals):** .....

**Contact Telephone numbers:**

I may be contacted by telephone on the following numbers:

**Work:** ..... **Home:** .....

**Home Address:** .....

.....

.....

If I am not available at the above address, please contact:

**Name:** .....

**Work:**..... **Home:**.....

**Address:** .....

.....

**Name and Address of Family Doctor:**

**Name:** ..... **Tel. No.** .....

**Address:** .....

.....

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.  
A COPY SHOULD BE RETAINED BY THE GROUP CONTACT.**