

# PARENTAL CONSENT FORM FOR ONE DAY VISIT



***THIS FORM TO BE COMPLETED IN FULL BY THE PARENT/GUARDIAN***

Name of pupil ..... Form .....

Educational Visit to ..... Date(s) of Visit.....

## **Medical Information**

a) Does your child have any medical conditions or any allergies? If yes, please give details of medication that may be required during this trip.

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b) Please advise any special dietary requirements.

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c) Please state which pain/flu medication should child may be given if necessary.

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d) Date of your child's last tetanus injection.

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e) Do you give permission for your child to be administered with medication if required?  
YES/NO

f) If required do you agree to your child having remote supervision? This means they may not be under direct control of staff at all times. YES/NO

## **Contact Information**

Primary contact name ..... Relationship to pupil .....

Telephone nos. Home ..... Work/mobile .....

Alternative contact name ..... Relationship to pupil .....

Telephone nos. Home ..... Work/mobile .....

### Doctor

Name ..... Address ..... Telephone no.....

I consent to my child taking part in the stated visit. I have noted where and when the pupils are to be returned and I understand that from that point I am responsible for my child getting home safely.

Parent/guardian signature ..... Date.....