Parental Consent Form – Level 2 Visits
CONFIDENTIAL

To be completed by the Visit Leader:

Please return to: Mrs Jennie Müller

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: Whole School

Place of visit: Great Yarmouth Hippodrome

Method of travel: Coach

To be completed by the Parent/Guardian

I am willing for my child _____ Class:

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).
* please delete as appropriate

I agree to my child/ward 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.

Emergency Contact Details: Name of parent(s)/guardian(s):

(i) _____ Tel: _____

(ii) _____ Tel: _____

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant: _____

Should there be any amendments to this information after it has been handed in, please contact the Visit Leader immediately.

Doctor's name : _____

Doctor's Tel. no:_____ National Health No.(if known): _____

Date of last known tetanus injection (if known):

Please give details of any recent illnesses:
Please give name and dosage of any medications currently being taken:
Please tell us about any allergies, e.g., medicines, food, bee stings, etc.
Please tell us about any food not eaten for religious or health reasons:
Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. heart conditions, asthma phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.
In event of an asthma attack: 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate]. 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. Signature of Parent / Guardian: _____ (if participant is under 18)

Copies must be carried securely by the Visit Leader or group supervisor.

The data on this form will be kept in line with our data protection policy.