



1. Consent for participation in off-site visit

ACADEMY: _____

Name of Pupil: _____ Date of Birth: _____

Visit to: _____

Date(s)/Times: From: _____ To: _____

I agree to my son/daughter (named above) taking part in the above mentioned 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.

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

* If water activities are involved, is your child confident in water? **YES/NO/NOT APPLICABLE**

2. Emergency Contact Numbers

I may be contacted on the following telephone numbers:

Work:	Home:	Mobile:
Home Address:		

If I am not available please contact:

Name:		
Work:	Home:	Mobile:
Home Address:		

3. Medical Information, declarations and consent

a) Does your son/daughter suffer from any conditions which the Group Leader **YES/NO** of the visit should be aware of:

b) If yes, please give details of anything the Group Leader needs to know about to safely care for your child (eg illness, travel sickness, allergies, night time tendencies such as sleepwalking, nightmares, bed-wetting etc in writing on the attached medical form).

PARENTAL CONSENT FORM

(Must be distributed with full details of the visit)

c) Name, address and telephone number of family doctor:

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) Please outline any special dietary requirements for your child:

I undertake to inform the Visit Leader/Principal in writing as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.
Signed: Name: (Parent/Carer)
Date:
Signed: Name: (Parent/Carer)
Date:

1 copy to be held by the academy and Out of Hours Contact. 1 copy to be taken by Leader on visit.