**PARENTAL CONSENT FORM AND MEDICAL DETAILS FOR A SCHOOL VISIT (VISITS.3)**

**To be used when visits require more than a tear-off/electronic approval, usually Category 3**

**(Residential, Overseas, Adventurous)**

**1. Details of visit**

Date/s ….……………….………………………….. Departure time ….…………… Return time ….…..…………

Destination …….………………………………………...………………………..………………………………………

Name of student ……………………………...………… Date of birth …………………Tutor group ….……………

**2. Payment (only to be completed if there is a charge for the visit)**

I have paid by Parentpay: \* Deposit of £………..…….. \* Full amount of £…….……...……

**3. Swimming (only to be completed if swimming or ability to swim is required)**

Can your child swim? \* *Yes / No*

Is your child water confident in a pool and safety conscious in water? \* *Yes / No*

My child is in good health and I consider him/her fit to participate in swimming activities *\* Yes / No*

**4. Residential and overseas trips (only to be completed for residential/overseas trips)**

To the best of your knowledge, has your son/daughter been in contact with any contagious or *\* Yes / No*

infectious diseases or suffered from anything recently that may be contagious or infectious?

If yes, please give details: …………………………………….………………………………………………………..

**Overseas trips only -** Please print your child’s name as it appears on their passport:

………………………………………………………………………………………………………………………………

**5. Contact details**

Emergency contact name/telephone number(s): ………………………………………………………………………

…….………………………………………………………………………………..……………….……………..………..

Alternative contact name/telephone number(s): ……………………………………………………………………….

…….………………………………………………………………………..……………….……………..……………….

Other details (eg student’s home address) will be taken from the school record. Please inform the school if there have been any changes.

**Page 1 of 3 – please complete all pages – do not separate pages**

Continuation sheet for (name of pupil) ……………………………………………………………………….………………..

**6. Additional information**

Dietary requirements …………………………………………………………….………………………………………..

Other information/queries ………………………………………………………………………………………………

I hereby give permission for the student named above to attend this visit. I have read the information given and agree to my child’s participation in the activities described. I acknowledge the need for my child to behave sensibly and follow instructions.

Signed ……………………………………………………….… Print name …………………………………………………..

Relationship to student …………………………………………….......... Date ………………………………..…………….

**7. Medical information about your child**

Does your child have any medical conditions or specific needs? *\*Yes / No*

If yes, please give details below.

…….……………………………………………………….……………………..……………….……………..………….

Details of any medication your son/daughter is allergic to.

…….…………………………………………………………………………..………………….…………………………

Allergies not detailed elsewhere on consent/medical form.

…………………………………………...……………………………………...………………………………………….

Non-prescribed medicines

The school does not provide non-prescribed medicines. Parents should sign a separate consent form for administration of non-prescribed medication.

Prescribed medicines

|  |  |  |  |
| --- | --- | --- | --- |
| Name of drug or medicine to be given and any special storage instructions | When/how often?  (eg lunchtime, after food, when wheezy, before exercise, 3 times a day) | How much?  (eg half a teaspoon, 1 tablet, 2 drops) | Route  (eg by mouth, in each ear) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I request that medication is administered in accordance with the above information. Please tick one or more below:

My child - can administer his/her own medication 🞎

- requires supervision to administer his/her own medicine 🞎

- requires assistance in administering his/her medicine 🞎

I undertake to supply the Visit Leader with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

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Continuation sheet for (name of pupil) ……………………………………………………………………….………………..

I accept that, whilst my child is in the care of the school staff, the school staff will stand in the position of parent and that they may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I will inform the school as soon as possible of any changes in the medical details between now and the

commencement of the journey.

I agree to my child 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.

Additional medical information/queries …………………………………………………………………………….……

Doctor’s name/contact details ……………………………………………………………………………………………

**8. Additional information:**

**9. Declaration – medical details**

Signed ………………………………………………… Print name ………………………………..…………………..

Relationship to student ………………….……..…………………...... Date ……………………………….……

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