

PARENTAL CONSENT FOR AN EDUCATIONAL VISIT – Sheffield LEA

(to be distributed with full details of the visit)

School/Group: St Thomas of Canterbury Catholic Voluntary Academy Year 5

1. Details of visit to: Eyam Village and surrounding area, staying at Eyam YHA

From (date/time): Wednesday 27th June 18 AM To (date/time): Friday 29th June 18 PM

I agree to _____ (name)

taking part in this visit and have read and understand the information provided. Yes

I understand the extent and limitations of the insurance cover provided. Yes

I agree to my son/daughter's participation in the activities described (with the exception of those indicated below). Yes

Are there any activities which your child cannot participate in? Yes No
If yes, provide details here:

I acknowledge the need for my son/daughter to behave responsibly. Yes

2. For activities in or near water (swimming ability and water confidence) N/A

Please describe your child's swimming ability: N/A

Is your child water confident with regard to the proposed activity? N/A Yes No

3. Medical information about your child

a) Date of birth of your son/daughter: _____

b) Does your child suffer from any conditions which the visit leader needs to be aware of for example: medical conditions, illness, allergies, night-time tendencies (sleepwalking, bedwetting, nightmares), travel sickness etc? Yes No

c) If yes, please provide details:

d) Does your child take medication? Yes No

e) If Yes, please give details, including how medication is administered, including details of medication, timing, dosage and any side effects:

f) Please outline any special dietary requirements of your child:

g) 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 contagious or infectious?

Yes No

h) If Yes, please give details:

i) Is your son/daughter allergic to any medication?

Yes No

j) If Yes, please specify:

k) When did your son/daughter last have a tetanus injection? _____

l) I will inform the visit leader/head teacher as soon as possible of any changes in medical or other circumstances between now and the commencement of the visit.

Yes

m) I agree to my son/daughter 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.

Yes No

4. Special educational needs and disabilities

If your child has any special educational needs and/or disabilities which the school needs to know about for this visit, please outline them here indicating how they may be supported for this visit:

4. Contact information

I can be contacted using the following telephone numbers:

Work: _____ Home: _____

Home address: _____

Alternative contact (name): _____ Telephone number: _____

Address: _____

Relationship to pupil: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

5. I consent to my child taking part in this visit:

Signed: _____ Date: _____

Full name (capitals): _____

Information contained in this form should be readily available to the leader throughout the visit. This normally means taking a copy of the completed form(s) on the visit. Copies should also be retained by the school.