

CONFIDENTIAL PARENTAL CONSENT FORM

1. Consent for participation in the visit

Visit to:

Cost:

Date:

I agree to my son/daughter _____ **(name)** _____ **(class)** taking part in the above-mentioned visit and agree to his/her participation. 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 that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

2. Medical information, declarations and consent

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

b) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

I give my consent for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

c) Is your son/daughter allergic to any medication: **YES/NO**
If **YES**, please specify.

d) **I undertake** to inform the group leader/headteacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

e) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. Contact numbers

a) *I may be contacted by telephoning the following numbers:*

Work:

Home:

Mobile:

b) If I am not available, please contact:

Name:

Telephone Numbers:

4. Signature

Date: _____ Signed: _____

Full name (capitals): _____