



(To be distributed with an information sheet giving full details of the visit)

School/Group: \_\_\_\_\_ Form: \_\_\_\_\_

**Details of visit to:** \_\_\_\_\_

From: \_\_\_\_\_ Date/Time: \_\_\_\_\_ To: \_\_\_\_\_ Date/Time: \_\_\_\_\_

I agree to \_\_\_\_\_ (name) \_\_\_\_\_ (date of birth)

taking part in this visit and have read the information sheet. I agree to \_\_\_\_\_'s participation in the activities described. I acknowledge the need for \_\_\_\_\_ to behave responsibly and agree to meet the costs of early return should such an action be necessary as a result of \_\_\_\_\_'s unacceptable behaviour

### 1. Medical information about your child

Any conditions requiring medical treatment, including medication? Yes / No

If Yes, please give brief details:

\_\_\_\_\_  
\_\_\_\_\_

What type of pain/flu relief medication your child may be given if necessary:

\_\_\_\_\_

### 2. Dietary information about your child

Please outline any special dietary requirements of your child?

\_\_\_\_\_  
\_\_\_\_\_

### 3. For residential visits and exchanges only

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

If Yes, please give brief details:

\_\_\_\_\_

Is your son/daughter allergic to any medication?

Yes / No

If YES, please specify:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

#### 4. Declaration

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. Where applicable, I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**