

PARENT/GUARDIAN CONSENT FORM

FORM P9

To be distributed with an information sheet giving full details of the visit/activity

School/Group: CRONTON CE PRIMARY SCHOOL

1. Details of visit to: _____

From: _____ Date/Time: _____ To: _____ Date/Time: _____

I agree to _____ (please enter **ALL** your child's names) taking part in this visit and have read the information sheet provided. I agree to _____ 's participation in the activities described. I acknowledge the need for _____ to behave responsibly and that I may be required to collect them/meet the cost of them being transported home should they breach conduct or safety rules whilst on the visit/activity.

2. Medical information about your child

a. Any conditions requiring medical treatment, including medication?

YES	NO
-----	----

If YES, please give brief details:

b. Please outline any special dietary requirements of your child and the type of pain/flu relief your child may be given if necessary:

For residential visits and exchanges only

c. 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

d.. Is your son/daughter allergic to any medication?

YES	NO
-----	----

If YES, please specify:

e. When did your son/daughter last receive a tetanus injection?

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

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

Contact telephone numbers:

Work: _____ Home: _____

Home Address: _____

Alternative Emergency Contact:

Name _____ Tel: _____

Address: _____

Family Doctor:

Name _____ Tel: _____

Address: _____

Signed: _____ Date: _____

Full Name (capitals): _____

**Completed copies of this form should be taken by the group leader on the visit/activity
Original copies should be retained by the school/group contact**