

LEV 3 Bythams Primary School

PARENTAL CONSENT FORM FOR A SCHOOL/SETTING VISIT

NATURE OF VISIT: **BURGHLEY HOUSE - STAMFORD**

1. Details of visit to: Education Visit to support topic learning.

Date/Time: 21ST February 2017, leaving school at 9:30 am and traveling to Burghley House by coach. Taking part in Tudor workshops to support topic learning. Travelling back to school for normal home time arrangements at 3:10 pm. Accompanied by Mrs Jack and Mrs Lovesey.

I agree to _____ (name of child), taking part in this visit and have read the information sheet. I agree to my child's participation in the activities described. I acknowledge the need for him/her to behave responsibly.

2. Medical information about your child

- a. Any condition requiring medical treatment, including medication? YES/NO
If YES, please give brief details: _____

- b. Please outline any special dietary requirements of your child (not preferences).

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 have 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.

2. Declaration

I agree to my son/daughter receiving medication as instructed or 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 limitation 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 VISIT LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.