

## LEV 3 Bythams Primary School

### PARENTAL CONSENT FORM FOR A SCHOOL/SETTING VISIT

NATURE OF VISIT: **HAMERTON ZOO TRIP**

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

Date/Time: 22<sup>ND</sup> February 2017, leaving school at 9:15 am and traveling to Hamerton Zoo by coach. Taking part in a workshop to support topic learning, tour of the zoo and train ride. Travelling back to school for normal home time arrangements at 3:10 pm.

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?

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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: \_\_\_\_\_

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Alternative emergency contact:

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

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

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

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

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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.**