

Parental Consent Form – Level 2 Visits
CONFIDENTIAL

To be completed by the Visit Leader:

Please return to: MR LAKE (Visit Leader)

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: PE

Place of visit: CROSS COUNTRY
GRESHAM'S SCHOOL

Method of travel: COACH

To be completed by the Parent/Guardian

I am willing for my child _____ Class _____

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward 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.

Emergency Contact Details: Name of parent(s)/guardian(s):

(i) _____ Tel: _____

(ii) _____ Tel: _____

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant: _____

Should there be any amendments to this information after it has been handed in, please contact the Visit Leader immediately.

Doctor's name : _____

Doctor's Tel. no: _____ National Health No.(if known): _____

Date of last known tetanus injection (if known): _____

PLEASE COMPLETE PAGE 2 OVERLEAF, THANK YOU.

Please give details of any recent illnesses:

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. heart conditions, asthma phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

Copies must be carried securely by the Visit Leader or group supervisor.