



**PARENT/CARER CONSENT FORM**

**OFF SITE VISITS AND ACTIVITIES**

Name of student: ..... Date of birth: .....

Mentor group: ..... Year group: .....

**Details of Visit**

We are planning a visit to:

Departure date:

Time:

Return date:

Time: (approximately)

**Medical Information**

- a) Does your child suffer from any conditions requiring medical treatment or medication?  
If YES please give brief details YES/NO  
.....  
.....
- b) To the best of your knowledge, has your child been in contact with any contagious or infectious disease(s) OR has suffered from anything in the last three months that may become contagious or infectious YES/NO  
If YES please give brief details  
.....  
.....
- c) Does your child have any allergies – for example to medication or specific foods such as nuts?  
If YES please give brief details YES/NO  
.....  
.....
- d) Has your child had a tetanus injection in the last 5 years? YES/NO
- e) Does your child have any specific dietary requirements? (i.e. Vegetarian, Gluten free etc.) YES/NO  
If YES please give brief details  
.....  
.....
- f) Are there any specific activities which you do not wish your child to take part in? YES/NO  
If YES please give brief details  
.....  
.....

**Contact Information**

Name of parent/carer giving consent: .....

**I may be contacted on the following numbers**

☎ Mobile..... Home..... Work.....

Home address: .....

..... Postcode .....

**If I am not available at the above please contact the following:**

Name ..... Relationship to child: .....

☎ Mobile..... Home..... Work.....

**Name, address and telephone number of family doctor**

Name ..... ☎ .....

Address .....

.....

**Declaration**

I agree to my child taking part in the named visit/activity

I agree to their taking part in all the activities, except those which I have listed above (section F)

I understand the need for good behaviour and agree to them being sent home if necessary

I will inform the visit organiser as soon as possible of any change in the details above

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present

I understand the insurance cover provided

I understand that the cost of the visit/activity will be:                      to be paid in full by

**Signature of Person with Parental Responsibility:** .....

**Printed Name of Signature above:** ..... **Date:** .....

**Failure to have a signed Parental Consent Form will result in your child not being able to participate in the visit or activity.**

A copy of this form will be taken on the visit by the Visit Leader and a copy retained at the academy – all forms will be disposed of immediately after the visit