



CROSSLEY HEATH SCHOOL
PARENTAL CONSENT FORM : V3
FOR A ONE DAY SCHOOL VISIT

(To be distributed with an information sheet giving full details of the visit)

Group:7C.....

Visit to: Leeds University

Date / Time From: 31st January, 8.30

Date / Time To: 31st January , 17.00

I / We agree to (name of child)Form.....(please print clearly)

taking part in this visit and have read the information sheet. I agree to their participation in the activities described and acknowledge the need for him / her to behave responsibly*

Are there any conditions requiring medical treatment, including medication? **YES/NO**
Please give details below:

Are there any dietary requirements?

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. (Insurance details are available on request to Ms Boardman in the Finance Office.)

SIGNED: **DATE:** ____/____/____

Full name:

Emergency Contact Number.....
 (please print)

***Participation in the visit is conditional upon satisfactory behaviour during the period leading up to the visit. The school reserves the right to withdraw a student at any point where there are concerns.**

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
 A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**