



CROSSLEY HEATH SCHOOL

PARENTAL CONSENT FORM: V5

FOR A RESIDENTIAL SCHOOL VISIT

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

Group:

Visit to: _____

Date / Time From: **Date / Time To:**

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*.

Information about your child

Date of Birth.....

Name and Address of GP.....

.....

Are there any conditions requiring medical treatment, including medication? **YES/NO**

If **YES**, please give brief details:.....

.....

.....

Please outline any special dietary requirements of your child:

.....

Is your son / daughter allergic to any medication?

YES / NO

If **YES**, please specify:

When did your son / daughter last have a tetanus injection?

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey, including whether your son / daughter has been in contact with any contagious or infectious diseases or suffered from anything 4 weeks prior to going on the trip that may be contagious or infectious?

Contact details :

NAME: Email :

HOME/WORK: MOBILE:

HOME ADDRESS:

Alternative emergency:

NAME: Email :

HOME/WORK: MOBILE:

HOME ADDRESS:

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 from the Finance Office.)

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

Full name: (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**