

**CROSSLEY HEATH SCHOOL**  
**PARENTAL CONSENT FORM : V4**  
**FOR A 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:.....

.....  
.....

**For residential Visits and Exchanges only**

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 4 weeks that may be contagious or infectious?

**YES / NO**

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

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.

Contact telephone numbers:

NAME: ..... HOME: .....

WORK: ..... MOBILE: .....

HOME ADDRESS: .....

.....

Alternative emergency:

NAME: ..... HOME: .....

WORK: ..... MOBILE: .....

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 to Mrs Quayle in the Finance Office.)

**SIGNED:** ..... **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Full name:** .....  
(please print)

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