



Arnold Lodge School

PARENTAL CONSENT FOR A SCHOOL VISIT

1. Details of the Visit to:

From: Date/Time:..... To: Date/Time:

I agree to : (Name)
taking part in the visit and have read the information sheet. I agree

to’s participation in the activities described. I
acknowledge the need for to behave responsibly.

2. Medical information about your child:

a) Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

b) Please outline any special dietary requirements of your child and the type of
pain/flu relief medication your child may be given if necessary:

For residential visits and exchanges only:

c) 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 four weeks
that may be contagious or infectious?

YES/NO

If YES, please give brief details:

d) Is your son/daughter allergic to any medication?

YES/NO

If YES, please specify:

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

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3. 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. I understand that whilst the leaders will take all reasonable care they cannot be held responsible for any loss, damage or injury to anyone taking part.

I understand the extent and limitations of the insurance cover provided.

Contact Telephone numbers:

Work: _____ Home: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone Number: _____

Address: _____

Name of family Doctor: _____ Telephone Number: _____

Address: _____

Signed : _____ Date: _____

Full Name (Block Capitals: _____

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