

DRIFFIELD NORTHFIELD INFANT SCHOOL

Educational Visit Parental Consent Form

1. Details of Journey

Visit to Hull New Theatre - Snow White and The Seven Dwarfs

Date Thursday 8th January

Times Leaving at 12.30 p.m. returning at approximately 5.30 p.m.

I agree to my childtaking part in the above mentioned visit and, having read the information sheet, agree to their participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on their part.

2. Medical Information

a) Does your child suffer from any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details

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b) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last three months that may be or become contagious or infectious? YES/NO

If YES, please give brief details

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c) Does your child have any allergies - for example to medication or specific foods? YES/NO

If YES, please specify

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d) Has your child received a tetanus injection in the last five years?
YES/NO

e) Please outline any special dietary requirements of your child.

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I undertake to inform the visit organiser as soon as possible of any change in the medical circumstances between the date signed and commencement of the journey.

3. Declaration

In an emergency I agree to my child receiving medical treatment including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I may be contacted by telephone on the following numbers:

Name

Work: Home:

Alternative contact: Name ...

Work Home

Name of Family Doctor

Telephone number:

I understand that the cost of the visit will be - £12.00 which will include an ice-cream.

Please pay the balance of £11 (if paid £1 deposit) by - Friday 12th December

Signature of parent/guardian

Date

