DRIFFIELD NORTHFIELD INFANT SCHOOL

Educational Visit Parental Consent Form

1. Details of Journey

Visit to Little Big Sing, Spa Theatre, Bridlington

Date Monday 8th July 2019

Times Leaving at 9.30 a.m. returning approximately 12.15 p.m.

I agree to my child ……taking part in the above mentioned visit and, having read the information sheet, agree to their participation to 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: ……..

To be returned by - Monday 1st July 2019

Signature of parent/guardian ……

Date ……