

RAVENSDALE JUNIOR SCHOOL

PARENTAL CONSENT FOR CURRICULUM VISITS

(To be distributed with a letter giving full details of the visits)

This form will be used to cover all Curriculum Visits during the current school year

Child's Name _____ **Class** _____

1. Visit to _____ **on** _____
from _____ to _____.

Visit to _____ **on** _____
from _____ to _____.

2. Medical information about your child

(a) Any conditions requiring medical treatment, including medication? Yes No

Please give brief details of the condition below:
If your child requires medication, a parental consent form must also be completed.

(b) Please outline any special dietary requirements of your child:

(c) Is your son/daughter allergic to any medication? Yes No

If YES, please give brief details: _____

(d) When did your son/daughter last have a tetanus injection? _____

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

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 the extent and limitations of the insurance cover provided.

Contact information:

Work telephone number: _____ Home telephone number: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

Signed: _____ **Date:** _____

Full name (capitals): _____

This form or a copy must be taken by the Group Leader on the visit. A copy should be retained by the school/youth club contact.