

# RAVENSDALE JUNIOR SCHOOL PARENTAL CONSENT FOR A CURRICULUM VISIT

1. Details of visit to: National Memorial Arboretum, Alrewas, Staffordshire

From: 26.1.24 Date/Time: 8.45am To: 26.1.24 Date/Time: 3.30pm

I agree to \_\_\_\_\_ (name) taking part in this visit and participating in the activities provided. I acknowledge the need for them to behave responsibly.

2. Medical information about your child

(a) Any conditions requiring medical treatment, including medication that they are currently taking? Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 give brief details: \_\_\_\_\_  
\_\_\_\_\_

(e) Can your child swim? Yes  No

How far can your child swim? \_\_\_\_\_

Is your child water confident in a pool? Yes  No

Is your child safety conscious in water? Yes  No

I confirm that my child is in good health and I consider him/her fit to participate. **Please sign here:** \_\_\_\_\_

(f) 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 journey.

**3. Declaration**

I have received the information about the off-site trip. 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 consent to these confidential details being shared with medical professionals and venue staff as appropriate. 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):** \_\_\_\_\_

\*\* I agree to photos / videos being taken of my son/daughter and being uploaded to the school website and social media accounts.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.**