

NORTH YORKSHIRE COUNTY COUNCIL EDUCATION SERVICE
PARENTAL CONSENT FOR A PARTICULAR VISIT
(To be distributed with full details of the visit)

1. Consent for participation in the visit

School: **Fountains CE Primary School**

Name of pupil:

Date of birth:

Visit to:

Date:

I agree to my son/daughter (named above) taking part in the above mentioned and having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided.

- If there are any activities in which your child cannot participate, please give details below.
- If water activities are involved, is your child confident in water? **YES/NO/NOT APPLICABLE**

2 .Emergency contact Numbers

I may be contacted on the following telephone numbers:

Work:

Home:

Mobile:

Home Address:

If I am not available please contact:

Name:

Work:

Home:

Mobile

Home Address

3. Medical Information, declarations and consent

a) Does your son/daughter suffer from any conditions which the Group Leader of the visit should be aware of: **YES/NO**

b) If yes, please give details of anything the Group Leader needs to know about to safely care for your child (e.g. illness, travel sickness, allergies, night time tendencies such as sleepwalking, nightmares, bed-wetting etc in writing on the attached medical form).

c) Name and address of family doctor:

d) 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, or become contagious or infectious. **YES / NO**

If YES please give brief details:

e) Please outline any special dietary requirements for your child:

I undertake to inform the Group Leader/Head Teacher in writing as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.

Signed.....Name.....(Parent/Carer)

Date.....

Signed..... Name..... (Parent/Carer)

Date.....

1 copy, to be held by school and out of hours contact. 1 copy, to be taken by Leader on visit.