

PARENTAL CONSENT FOR EDUCATIONAL VISITS – Sheffield LEA

School/Group: ST PATRICK’S CATHOLIC VOLUNTARY ACADEMY

**1. Details of visit to:
Any out of school activity notified in advance during the school year Sept 2017/July2018
(Including walks, etc. within the local area)**

I agree to Class
taking part in out of school activities, details of which I will be given in advance. Yes

I understand the extent and limitations of the insurance cover provided. Yes
(summary available on request – full copy available in office)

I agree to my son/daughter’s participation in the activities described Yes
(with the exception of those indicated below).

Are there any activities which your child cannot participate in? Yes No
If yes, provide details here:

I acknowledge the need for my son/daughter to behave responsibly. Yes

2. For activities in or near water (swimming ability and water confidence)

Please describe your child’s swimming ability:

Is your child water confident with regard to the proposed activity? Yes No

3. Medical information about your child

a) Date of birth of your son/daughter: _____

b) Does your child suffer from any conditions which the visit leader needs to be aware of for example:
medical conditions, illness, allergies, night-time tendencies (sleepwalking, bedwetting, nightmares),
travel sickness etc? Yes No

c) If yes, please provide details:

d) Does your child take medication? Yes No

e) If Yes, please give details, including how medication is administered, including details of medication,
timing, dosage and any side effects:

f) Please outline any special dietary requirements of your child:

g) I will notify school if my son/daughter has contact with any contagious or infectious diseases or has suffered from anything during the period leading up to any activity that may be contagious or infectious?
Yes

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

j) If Yes, please specify:

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

l) I will inform the visit leader/head teacher as soon as possible of any changes in medical or other circumstances when appropriate. Yes

m) 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. Yes No

4. Special educational needs and disabilities

If your child has any special educational needs and/or disabilities which the school needs to know about for this visit, please outline them here indicating how they may be supported for this visit:

4. Contact information

I can be contacted using the following telephone numbers:

Work: _____ Home: _____

Home address: _____

Alternative contact (name): _____ Telephone number: _____

Address: _____

Relationship to pupil: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

5. I consent to my child taking part in out of school activities which I will be notified of in advance:

Signed: _____ Date: _____

Full name (capitals): _____

Information contained in this form should be readily available to the leader throughout the visit. This normally means taking a copy of the completed form(s) on the visit. Copies should also be retained by the school.