

PARENTAL CONSENT FOR A SCHOOL VISIT

School/Group: Chestnut Lane Infant School

Pupil's name: Date of birth

Class:.....

Visit to: **Local Walk, Amersham**

Morning of **07/02/17**

1. I agree to (Name) taking part in this visit and have read the attached letter. I agree to 's participation in the activities described. I acknowledge the need for to behave responsibly.

2. Medical information about your child

a. Any conditions requiring medical treatment? YES/NO

If YES, please give brief details:.....

.....

b. Please outline any medication your child may be given if necessary e.g. asthma inhalers, epi-pens etc

.....

.....

3. Is your son/daughter allergic to any medication? YES/NO

If YES, please specify:.....

.....

4. When was the last time your child received a tetanus injection?.....

I will inform the Group Leader/Head Teacher as soon as possible of any medical changes or other circumstances between now and the commencement of the journey.

Signed: **Date:**

Full name (capitals):

Contact telephone numbers:

I may be contacted by telephoning the following numbers:

Work: Home:.....

If I am not available at above, please contact:

Name:..... Tel No:.....

Name and Surgery of family doctor:.....

..... Tel No:

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**