

	<p>CARMARTHENSHIRE COUNTY COUNCIL</p> <p>Department for Education and Children</p>
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Parental Consent Form for Off-Site Visits

Study Support Group: _____

1. Details of Visit to: _____

From: _____ Date/Time: _____

To: _____ Date/Time: _____

I agree to (full name) _____ taking part in the visit and have read the information sheet.

I agree to (full name) _____ 's participation in the activities described, and acknowledge the need for him/her to behave responsibly.

2. Medical Information about your Child (where applicable write NONE)

a) Does your child have any condition requiring medical treatment, including medication?

Yes/No Is YES, please give brief details: _____

b) Please outline any special dietary requirements your child has (including details of food allergies):

c) Type of medication your child may be given for pain/flu relief if necessary:

FOR RESIDENTIAL VISITS AND EXCHANGES ONLY:

d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious disease in the last four weeks, or suffered from anything that might be contagious or infectious during the visit?:

Yes/No If YES, please specify: _____

e) Is your son/daughter allergic to any medication? **Yes/No** If YES, please specify:

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 my child's medical or other circumstances between now and the commencement of the journey.

3. Declaration

I agree to my son/daughter receiving medication as instructed and to 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 Telephone Numbers:

Work: _____ Home: _____

Home Address: _____

Alternative Emergency Contact:

Name: _____ Tel No: _____

Address: _____

Name of family doctor: _____ Tel No: _____

Address: _____

Signed: _____ Name (print): _____

Relationship to Child: _____ Date: _____

This form or a copy of it must be taken by the group leader on the visit. A copy should be retained by staff at the study support setting.

This form should be distributed to parents with an information sheet giving full details of the visit.

It is based on a form in the DfEE publication 'Health and Safety of Pupils on Educational Visits'.