

Consent Form

Teacher in charge:

Name of accompanying adults:

Where the trip is to:

Address:

About the trip

Purpose of visit:

**I consent to my son/daughter* _____
taking part in the above visit. I confirm that he/she is medically fit to participate.**

*delete as appropriate

Please give details of:

1. Any current medical condition/any medication being taken

2. Any other relevant information which may affect his/her participation in the visit (including allergy or dietary requirements)

3. Emergency contact numbers:
Home: _____ Mobile: _____
Work: _____ Other: _____

I accept the established code of conduct for the educational visit and agree to the arrangements (including costs) relating to my son/daughter being sent home early from the visit.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed _____ Parent/legal Guardian Date: _____