

## Consent Form for Educational Visits, Field Trip or Out of School Activity

Student's Name: ..... Date of Birth: ...../...../.....

Details of visit: .....

Date(s) of visit: ..... Staff in charge: .....

### Contact Details.

Name of Parent/Guardian: .....

Address: .....

..... Post Code: .....

Telephone Numbers: Work: ..... Home: ..... Mobile: .....

### Alternative Emergency Contact.

Name: ..... Relationship to student: .....

Address: .....

..... Post Code: .....

Telephone Numbers: Work: ..... Home: ..... Mobile: .....

Please give details of (a) any medical condition or recent injury of which the school should be aware, including any regular medication, (b) allergies to any medication.

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Details of any special dietary requirements: .....

I consent to ..... participating in the visit/activity and have read the information sheet(s) provided.

- **I have ensured that s/he understands that it is important, for her/his and the group's safety, that any instructions given by the staff are to be complied with.**
- **I undertake to inform the school of any changes in the health of the student, or any other changes deemed relevant, prior to the date of departure.**
- **I agree that staff may, in the event of an emergency, give permission for my daughter/son to receive medical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.**
- **I accept that the School has no liability for any personal property lost, stolen or damaged and advises that valuable items should be covered by domestic household insurance.**

Signature of Parent/Guardian: .....

Date: ...../...../.....