

Parental Consent Form - Category A Visits
CONFIDENTIAL

To be completed by the Visit Leader:

Please return to: Loddon Junior School Office

Tel No: 01508 520392

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group:

Place of visit:

Date:

Method of travel:

(seat belts fitted as standard - Yes)

To be completed by the Parent/Guardian

I am willing for my child _____ Class _____

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward 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.

Emergency Contact Details: Name of parent(s)/guardian(s):

(i) _____ Tel: _____

(ii) _____ Tel: _____

I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant: _____

Should there be any amendments to this form after it has been handed in, please contact the School Office immediately.