

Send to parent	File
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Parental Consent Form

Name of Group/ Section

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Declaration of consent:

I agree to my son / daughter

_____ (Name)

taking part in the visit outlined below and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I undertake to inform the Group Leader as soon as possible of any change in the medical circumstances outlined below between the date signed and the commencement of the visit.

Signed _____

Print Name _____

Date _____

1. Details of visit:

Date & Times _____

Venue/ Location _____

Accommodation / centre (if used):

Name _____

Address _____

_____ Tel. No _____

Named contact/Head of Centre

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2. Places to be visited

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3. Group & Deputy Leader

Role	Name
Name of Leader	
Name(s) of deputy	

4. Names & designation of other adults accompanying the party

Name	Designation

5. Size and composition of the group

Number of girls		Number of Boys		Total number of pupils	
Age Range		Age range		Total number of staff	

6. Adult : Young Person Ratio _____:_____

7. Name of organising company/agency

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8. Transport/travelling arrangements

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9. Financial arrangements

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10. Brief details of programme of activities –a separate itinerary may be attached

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11. Brief details of hazardous activities and associated specific requirements/qualifications.

Activity	Special requirements

12. Name , address and home telephone number of Home Contact person

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13. Contact for viewing risk assessment

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13. Medical information

(a) Does your son / daughter suffer from any conditions requiring medical treatment?

YES / NO*

(*please circle and delete where applicable)

If YES, please give brief details and describe the medication, the dosage and frequency required

(b) Has your son / daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or may become contagious or infectious?

YES / NO*

If YES please give brief details:

(c) Is your son / daughter allergic to any medication?
If YES please specify

YES / NO*

(d) Has your son / daughter received a tetanus injection within the last five years?
YES / NO*

(e) Please outline any special dietary requirements of your child.

14. Declaration

I understand that the decision to provide emergency medical treatment rests with the medical authority. I will provide information below to assist a medical practitioner in their decision to give emergency treatment.

Emergency contact and home address

Name	
Address	
Telephone – Home:	Work:

If not available at the above please contact:

Name	
Address	
Telephone	

Name, address and telephone number of family doctor

Name	
Address	
Telephone	

Information to provide a medical practitioner prior to giving emergency medical treatment

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