

PARENTAL CONSENT FOR A SCHOOL VISIT (DAY)
(to be distributed with an information sheet giving full details of the visit)

form 7A

School: GRINDLEFORD PRIMARY SCHOOL

Visit to:

I agree to:(name) taking part in these visits and have read the relevant parents' information letter.

I agree to: 's participation in the activities described in the separate letters concerning the trip and I acknowledge the need for him/her to behave responsibly.

Medical information about your child:

Any conditions requiring medical treatment, including medication, Asthma Inhalers etc?

YES* NO* (please delete as appropriate)

Please give brief details of the condition below, if your child requires medication, a parental form – Form 8 – must also be completed:

.....
Please outline any special dietary requirements of your child:

.....

Declaration

I agree to my son/daughter 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. I understand the extent and limitation of the insurance cover provided.

I give permission for my Son/Daughter to be photographed at the event which may be used for display at the school or at the centre.

I agree that I will notify school of any changes to these details.

Contact telephone numbers: Work/Mobile.....

Home.....

Home address

Alternative emergency contact:

Name Telephone Number

Address

Name of Family Doctor: **Tele No:**.....

Address

Signed:..... **Date:**

Full Name in Capitals