



FORM "C1" – PARENTAL CONSENT FOR EDUCATIONAL VISITS & EVENTS

I agree to: _____ (taking part in educational visits)

I have read the information sheet I agree to _____ 's participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

1. Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES / NO
If YES, please give brief details:

b) Please outline any food or other allergies and special dietary requirements of your child:

c) Any recent illness or accident of which staff should be aware?

d) The type of pain/flu relief medication your child may be given if necessary:
A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

For residential visits and exchanges only

e) To the best of your knowledge, 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 contagious or infections?

YES / NO

If YES, please give brief details:

f) Is your son / daughter allergic to any medication?

YES / NO

If YES, please specify:

g) _____
When did your son / daughter last have a tetanus injection?

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 limitations of the insurance cover provided.

Emergency Contact Telephone Numbers:

Emergency Contact 1 (relationship to student):

Work: _____ Home: _____

Home address _____

Emergency Contact 2 (relationship to student):

Name: _____ Tel No: _____

Address:

Name of family doctor: _____ Tel No: _____

Address:

Parent/Carer Signature: _____ Date: _____

Full name (BLOCK capitals): _____

This document will be kept on file and used for all educational visits. If details change please inform the Academy immediately.

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