

**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 staff should be aware of?  
\_\_\_\_\_
- 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.**

**Contact Telephone Numbers:**

Name: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address \_\_\_\_\_

**Alternative Emergency Contact:**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

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