

Parental Consent Form – Educational Visits



Name of Pupil:	
Class/Form:	
Visit to:	New Forest
Date of Visit:	19 th – 20 th April 2013 (Practice) 2 nd – 3 rd June 2013
<p>I agree to (name)..... taking part in the visit. I acknowledge the need for.....to behave responsibly.</p> <p>Signed (parent/guardian)</p>	

Does your child have any condition requiring medical treatment, including medication?	Yes/No
If Yes, please give details:	
Detail the type of medication your child may be given for pain/flu relief:	
A packed lunch will be provided. Please outline any special dietary requirements:	

Declaration	
<p>I do/do not agree to my child receiving medication and to 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.</p> <p>Signed: Date:</p>	

Contact Details	
Home Address:	
Home telephone:	
Mobile:	
Work Address (Father):	
Work Telephone:	
Work Address (Mother):	
Work telephone (Mother):	
Alternative emergency contact:	
Name/Relationship to pupil:	
Address of alternative emergency contact:	
Telephone of alternative emergency contact:	
Name of family doctor:	
Address of family doctor:	
Telephone of family doctor:	