

Parental consent for local off-site activities Consent form 2011-12

Dear Parent/ Carer

You have already received details about our forthcoming visit or activity. Please complete and return this form giving your consent for your child to take part in this activity.

School, college or establishment	BRAUNTON SCHOOL AND COMMUNITY COLLEGE
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Outline of planned visits	GCSE HISTORY TRIP - 10th to 12th October 2012
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Name of child	Date of birth
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Special details - any information about your child's health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy?)

Has your child had any relevant recent illness?

Does your child have any specific dietary requirements?

Do you have any additional comments?

1. I would like my child to take part in the Year 8 Trip to London.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

**Signature of
Parent/ Carer**

Date

Name of Parent/ Carer

Address

Telephone number

Home:

Work:

Mobile:

Name of family doctor

Approximate date of last tetanus injection: