

Form 4

Parent/carer consent for one-off or occasional educational visits

School: Ysgol Y Llan, Whitford

Visit/activity: _____

Venue: _____ Date(s): _____

Your child's name _____ Form/Class (if relevant) _____

Medical and dietary

a) Does your child have any physical or psychological condition that may affect him/her during the visit?

YES/NO

If YES, please give details: _____

b) Please give details of any allergies:

c) Please give details of any special dietary requirements of your child:

d) Please detail any recent illness or accident suffered by your child that staff should be aware of?

e) Please list any type types of non-prescription medication or lotions your child **may not** be given:

f) 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 infectious? YES/NO

If YES, please give details: _____

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

Water confidence/swimming ability

Please indicate your child's swimming ability:

Cannot swim

Able to swim a little in a swimming pool

Able to swim confidently in a swimming pool Able to swim confidently outdoors (e.g. lake, river or sea)

Your contact details

Telephone: Home: _____ Work: _____ Mobile: _____

Home address _____

Alternative emergency contact

Name: _____ Telephone: _____

Address: _____

Family doctor

Name: _____ Telephone: _____

Address: _____

Declaration

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school to refund any money.
- In an emergency I agree to my son/daughter receiving medication 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.

FULL NAME OF PARENT OR CARER (print please): _____

SIGNED: _____ **DATE:** _____

PLEASE NOTE THAT SCHOOL WILL ONLY CONSIDER SUBSIDISING RESIDENTIAL TRIPS FOR PUPILS WHO QUALIFY FOR FREE SCHOOL MEALS

