

ST. BEDE'S CATHOLIC JUNIOR SCHOOL
celebrates life and learning

PARENT / CARER CONSENT FOR AN EDUCATIONAL VISIT

I have received and read the information that the school has provided outlining the proposed visit to:
_____.

I understand the reasons for the visit and the nature of the activities to be undertaken.

I agree to my son / daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I understand that during the period of the activities away from the school base my son / daughter will be under your supervision or under the supervision of another adult.

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

I understand the extent and limitations of the insurance cover provided. Halton Borough Council's Liability Insurance covers day trips and visits. The limit of liability under this policy is £25m per incident. Overnight stays in Years 3 – 6 are covered by the policy taken out by the school with Zurich Municipal.

Child's Name:		D.O.B.
Signed Parent/Carer:		
Address:		
Tel home:	Tel mobile:	Tel work:

If not available at the above, please contact:

Name:	Tel no:
Address:	

Name, Address and telephone number of family doctor:

Name:
Address:
Tel no:

Please complete the medical information sheet about your son / daughter:

1 Has your son / daughter been immunised against tetanus?	Yes / No
2 Is your child sensitive to penicillin?	Yes / No
3 Does your child suffer from fainting attacks or blackouts?	Yes / No
4 Does your child suffer from epilepsy?	Yes / No
5 Does your child suffer from diabetes?	Yes / No

Please complete the medical information sheet about your son / daughter (cont'd):

6	Does your child suffer from any allergy? If yes, please give details	Yes / No
7	Does your child suffer from asthma? If he/she does, has he/she an inhaler?	Yes / No
8	Does your child have hayfever?	Yes/ No
9	Does your child suffer from ear trouble? If yes please give details:	Yes / No
10	Does your child suffer from illness and/or injury not mentioned above? If yes, please give details including any infectious/contagious illness in the last 4 weeks and details of other illness/injuries or physical disabilities.	Yes / No
11	Is your child on any sort of medical treatment at present? If yes, is the treatment self-administered? If yes, please give details: Name of medicine: How often taken:	Yes / No Yes / No
12	Please indicate any special dietary requirements due to medical, religious or moral reasons. (Attach details if necessary).	
13	What is your child's weight? (Necessary if he/she needs anaesthetic)	
14	Does your child suffer from travel sickness?	Yes / No
15	Does your child suffer from incontinence problems?	Yes / No
16	Can your child swim? How far?	Yes / No
17	Are there any activities in which your child may not participate? If yes, please give reasons:	Yes / No
18	Is there any information which school should be aware of? E.g. suffers from vertigo, claustrophobia or is frightened of the dark etc.	Yes / No
19	Details of any other inoculations in the last five years.	
20	Do you wish the teacher responsible to administer non-prescription medicines (e.g. Calpol, Nurofen, Benylin) to your child if required?	Yes / No
21	I agree to inform the Visit Leader, as soon as possible, of any change to the medical condition of my child between the date signed and the departure date.	Yes / No

Signed: _____

Date: _____

THE GROUP LEADER WILL TAKE THIS FORM, OR A COPY, ON THE VISIT. A COPY WILL BE RETAINED BY THE SCHOOL 'HOME CONTACT'.

NOTE:

If a parent or carer cannot sign this declaration for religious or cultural reasons he / she should consult the member of staff in charge of the visit. In such an instance Halton Authority will be consulted for the wording of an alternative declaration.