

EATON BANK ACADEMY

PARENT / CARER CONSENT FOR AN EDUCATIONAL VISIT

Please see accompanying letter/information sheet

Details of visit: **The Woods: Year 7 at Cholmondeley Castle**

Leader: **Mrs J Andrews**

School Group: **Year 7**

Date of visit: **26th September – 28th September 2018**

Coach Company: **Bakers Travel**

I agree to _____ (name taking part in this visit) Tutor Group _____

I have read the information booklet and 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 eg vegetarian, vegan, no red meat etc so that we can inform the centre.

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 (e.g. Calpol/paracetamol/ibuprofen/throat lozenges/cold and flu tablets/antihistamine etc) :

FOR RESIDENTIAL VISITS AND EXCHANGES ONLY

e) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify.

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

2. 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 (as outlined in the parent handbook).

Contact telephone numbers:

Name: _____

Work: _____ Home: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Email address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

Signed: _____ Date: _____

Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT