

Form 4

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

(To be distributed with an information sheet/letter giving full details of the visit

School : EWLOE GREEN CP SCHOOL

Visit/activity: **Whole Day Visit to Greenfield Valley**

Venue: _____ Greenfield, Holywell _____ Date(s) Friday, 22nd May, 2009

Your child's name: _____ Year Group/Class __Nursery__

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 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 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 infections?

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 No: _____ **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 the 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 of the school to refund the 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.

Signed: _____ Date: _____

Full Name of Parent or Carer (**print please**): _____

Remission of fees

To qualify for remission of fees you must be in receipt of one of the following: Income support, Job seeker's allowance (income based), Immigration and Asylum-seeker's allowance, Pension credit or Child tax credit with an income less than £15,575, Working Tax Credit. Confirmation of this should be provided in **one** of the following ways:

1. You can attach to this form a copy of a letter from the benefit office which contains details of your entitlement to one of the listed benefits.
2. Take your payment book or written details to the school and ask a member of the office staff, teacher or Headteacher to sign this form to certify your details are correct,

Member of staff signature: _____ **Position** _____

3. You may ask the Post Office where you collect your benefit to provide their official stamp in the space below:

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Signed: _____ Date: _____

Full Name of Parent or Carer (**print please**): _____