

If required for a group passport

YES

NO

Pupil's nationality

Date of birth

Pupil's town of birth

Can your child swim 50 metres?

YES

NO

Does your child follow a special diet?

Does your child have any condition requiring medical treatment, including medication? Please give details:

Immunisation status

Is your child vaccinated against Tetanus

YES

NO

Date of injection

booster

Please give details of any other relevant vaccinations:

If your child has recently been exposed to any infectious diseases he/she should be examined by a doctor and a letter of fitness to participate must be issued.

Has your child suffered from any of the following?

Asthma or Bronchitis

YES

NO

Recent Fracture or Ligament Damage

YES

NO

Heart condition

YES

NO

Fits, Feinting or Blackouts

YES

NO

Severe Headaches or Migraine

YES

NO

Diabetes

YES

NO

Haemophilia

YES

NO

Sleep walking

YES

NO

Any Allergies

YES

NO

Any other illness or disability  
(Please attach details)

YES

NO

Please give your family doctor's Name, Address and Telephone Number.

Name

Address

Telephone Number

This form or a copy of it must be taken by the group leader on the visit.

A copy must remain at school.

This form should be distributed to parents with full details of the visit.

This form is based on detail from the DfES document, Health and Safety of Pupils on Educational Visits.

# OFF-SITE VISIT PARENTAL CONSENT FORM

## CONFIDENTIAL INFORMATION

Information given on this form will not prejudice the inclusion of your child on the trip.  
It is essential to complete this form accurately in the interests of your child's safety.

Pupil's surname	<input type="text"/>	Pupil's forenames	<input type="text"/>					
School	<input type="text"/>	Class	<input type="text"/>	Age on departure	years	<input type="text"/>	months	<input type="text"/>
Visit to	<input type="text"/>	From	<input type="text"/>	Until	<input type="text"/>			

I wish my son/daughter to take part in the above mentioned visit and having read the information sheet, agree to him/her taking part in the activities described. I have discussed the information sheet with my son/daughter who understands the requirements which have to be observed.

I shall instruct my child to wear a seat-belt whilst travelling by motor vehicle and to abide by any other safety instructions and behavioural requirements.

Signed \_\_\_\_\_  
*Father - Mother - Legal Guardian.*

To ensure that parents may be contacted if necessary - please complete the following:

Parents home address

Telephone numbers

Home

Work

Mobile

Parent's address if different during the visit

Telephone numbers

Home

Work

Mobile

Second contact - neighbour/friend's address

Telephone numbers

Home

Work

Mobile