



**FORM EV8**

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

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

School: Y Pant Comprehensive

Visit/activity:

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Venue:

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From: \_\_\_\_\_ Date/time: \_\_\_\_\_

To: \_\_\_\_\_ Date/time: \_\_\_\_\_

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

**Medical and dietary**

a) Does your child have any physical or psychological condition that may effect him/her during the visit? YES/NO

If YES, please give brief details:

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b) Please give details of any allergies (e.g. to food types, dust/pollen, sun cream, medication etc.):

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

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

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e) Please list any type types of pain/flu relief medication your child may **not** be given (e.g. Calpol, Paracetamol):

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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 brief details:

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g) Is your son/daughter allergic to any medication? YES/NO

If YES, please specify:

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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 10m  Able to Swim 25m

- Is your child water confident in a swimming pool? YES/NO

**Your contact details**

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home address \_\_\_\_\_

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**Alternative emergency contact**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address:

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**Family doctor**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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**Declaration**

Having read the information sheet, and having understood the level of supervision to be provided, I agree to my child taking part in the 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/centre to refund any money.

If in an emergency I can not be contacted, I agree to my son/daughter receiving medication as I have instructed in this form 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:** \_\_\_\_\_