

Personal Information and Parental Consent Form
CONFIDENTIAL

To be completed by the Visit Leader

Please return to:	Thurton School Office	by	Monday 24 th February 2020
-------------------	-----------------------	----	---------------------------------------

The Visit Leader who will only divulge information on this form to other staff as necessary to ensure the welfare and safety of the participant.

Group:	Yr 6	Place of Visit:	Hobart High School
--------	------	-----------------	--------------------

Date:	26 th February 2020	Method of travel:	Coach
-------	--------------------------------	-------------------	-------

To be completed by Parent/Carer (please use block capitals)

I am willing for my child		Class:	
---------------------------	--	--------	--

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

*** please delete as appropriate**

I agree to my child/ward 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.

Emergency Contact Details: Name of parent(s)/carer(s):

1.		Tel No:	
----	--	---------	--

2.		Tel No:	
----	--	---------	--

Doctor's name:		Doctor's Tel. No:	
----------------	--	-------------------	--

National Health No. (if known)	
--------------------------------	--

Date of last known tetanus injection (if known):

Please give details of any recent illnesses:

Please give name and dosage of any medications currently being taken:			
Please tell us about any allergies, eg medicines, food, bee stings, etc.			
Please tell us about any food not eaten for religious or health reasons:			
Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: eg heart conditions, asthma, phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems etc.			
Signature of Parent / Carer:		Date:	
Signature of Participant:	N/a	Date:	N/a
Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately			
Copies must be carried securely by the Visit Leader or group supervisor			