



Personal Information and Parental Consent Form – Category A Visits **CONFIDENTIAL**

To be completed by the Visit Leader

Please return to: Thurton School Office by 02/10/19

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: Maths group Place of Visit: Hobart High School

Date: 09/10/2019 Method of travel: bus

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: