



## BEXTON PRIMARY SCHOOL

### Parental Consent for School Visit

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**To be distributed with information sheet giving full details of the visit**

Establishment/Group: Bexton Primary School

Details of Visit to:

From: Date:

I agree to ..... (Name of child taking part in this visit)

I have read the information sheet I agree to ..... 's participation in the activities described.

#### 1. Medical information about your child

a) Any conditions requiring medical treatment, including medication?

If YES, please give brief details:

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b) Please outline any food or other allergies and special dietary requirements of your child:

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c) Any recent illness or accident staff should be aware of?

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#### Declaration

I agree to my son/daughter 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.

Contact telephone numbers:

Work:..... Home.....

Home Address .....

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Alternative Emergency Contact:

Name: ..... Tel No:.....

Address: .....

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Signed ..... Date.....

(Name) ..... (In capitals)

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT**