

Please complete both sides of the form, sign and return to school.

**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

Pupil's forenames

School **St Gregory's Catholic Primary School & Nursery CLASS**

Age on departure
years months

Visit to

From

Until

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 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

Home

Work

Mobile

Second contact - neighbour/friend's address

Home

Work

Mobile

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 Date of 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 had any of the following?

Asthma or Bronchitis YES NO

Recent Fracture or Ligament Damage YES NO

Heart condition YES NO

Fits, Fainting 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 YES

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

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