

WYCLIFFE PREPARATORY SCHOOL

**PARENTAL CONSENT FOR A SCHOOL VISIT** (To be distributed with an information sheet giving full details of the visit.)

Group: Year.....  
Details of Visit to: .....  
Date: .....

I agree to ..... (name of pupil) taking part in this visit and have read the information sheet. I agree to his / her participation in the activities described. I acknowledge the need for him / her to behave responsibly.

**Medical Information about your Child:**

Any conditions requiring medical treatment, including medication? YES/NO  
If YES, please give brief details:

Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

Is your son/daughter/pupil allergic to any medication? YES/NO  
If YES, please specify:

When did your son / daughter last have a tetanus injection?

I will inform the Group Leader/Headmaster as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

**Declaration**

I agree to my son/daughter/pupil 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:

**Alternative Emergency Contact:**

Name: Tel No:

Address:

**Name of any family doctor:**

Address: Tel No:

Signed Date:  
Full name (capitals)

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