APPENDIX FIVE

**FORM ‘C’**

CHESHIRE COUNTY COUNCIL

### PARENT / Guardian CONSENT FOR An educational VISIT

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

**Establishment/Group**: Kingsley C.P. School.

**Details of Visit to**: Llandudno

**From:**  Thursday 9th June **Time**: 9.00 am

**To:**  Friday 10th June **Time**: 4pm

I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name taking part in this visit)

I have read the information sheet I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ‘s participation in the activities described.

I acknowledge the need for to behave responsibly throughout the visit.

1. **Medical information about your child**

a) Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

1. Please outline any food or other allergies and special dietary requirements of

your child:

1. Any recent illness or accident staff should be aware of?
2. The type of pain/flu relief medication your child may be given if necessary:

**For residential visits and exchanges only**

e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES/NO

If YES, please give brief details:

f) Is your son/daughter allergic to any medication? YES/NO

If YES, please specify:

g) When did your son/daughter last have a tetanus injection:

1. **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:

Alternative emergency contact:

Name: Telephone number:

Address

Name of Doctor: Telephone number:

Address:

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 ESTABLISHMENT CONTACT**