

PARENTAL CONSENT TO ATTEND SCHOOL VISIT

Visit to:		Date:	
Student:		Form:	
Address:			
Parent/Carer contact details			
Work	Home	Mobile	Other (Name & number)
<p>Declaration</p> <p><i>I agree to my child receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</i></p> <p>Medical Practice name and address:</p> <p>Telephone number:</p> <p><i>Photographs or videos of your child may be taken and used immediately for event publicity purposes (e.g. social media; school Facebook page or school website etc). If you do not wish for this to happen, please cross out the statement according to your preference. I do wish/I do NOT wish my child to be included in this.</i></p> <p>Signed (Parent/Carer) _____ Date _____</p>			
Medical information			
<p>Please provide information of any current or long standing medical conditions, including medication that we need to know about for this visit: <i>(Include conditions such as 'sleep walking' or 'fear of heights' etc)</i></p>			
<p>Please provide information on any allergies your child may suffer from (including food & medication allergies) <i>Please note it is important to remind your child NOT to accept food from others if they suffer from serious food allergies. Remember to send any allergy medication with your child.</i></p>			
<p>General pain relief medication – please indicate if you are happy for your child to receive pain relief medication (ONLY Paracetamol or Ibuprofen) if necessary. Please state preference. <i>(If providing pain relief for your child, please ensure this is given to the party leader and you have completed this section of the form)</i></p>			
Last Tetanus injection:			
<p>Declaration</p> <p>I agree to my child taking part in this visit and have been given adequate information for me to make this decision. I have provided ALL necessary medical information about my child and will update the Party Leader if any circumstances change. I will include on this form, any information about medical treatment I DO NOT wish my child to receive. As indicated above, I give consent for my child to receive pain relief.</p> <p>Signed: (Parent/Carer) _____ Date _____</p>			