



BRINE LEAS SCHOOL – STUDENT FORM C



Parent/Guardian Consent for a School Visit

Please ensure that you return this form to Brine Leas School as soon as possible. Unfortunately without this form being completed we cannot allow your child to take part in the visit. Thank you

Department/Subject: Group Leader: Mrs Beecher/Miss Jones
Visit to: Folgaria, Itlay
Leaving BLS at: 14th February Returning to BLS at: 21st February

STUDENT DETAILS
Student's Name:
Tutor Group: Date of Birth:

Declaration:
In the event of a medical emergency I agree to my child receiving medication as instructed and any of the following as considered necessary by the medical authorities present (please delete as appropriate):
Medical Treatment, Emergency Dental Treatment, Surgical Treatment, Anaesthetic, Blood Transfusion
I understand the extent and the limitations of the insurance cover provided
I understand what is involved in the visit and I agree to my child's participation in the activities described
I acknowledge the need for my child to behave responsibly throughout the visit
As part of the activities we may take photographs or video footage to use in printed publications, publicity or promotional material, including the local press. Please tick if you do NOT give your consent.
Signed: Relationship to Child: Date:
Print Full Name (in capitals please):

CONTACT DETAILS
Parent/Guardian contact details:
Name: Relationship to Child:
Home Address:
Home Tel no: Mobile Tel No: Work Tel No:
Email address:
Alternative Emergency Contact Details:
Name: Relationship to Child:
Home Tel No: Mobile Tel No: Work Tel No:

PLEASE TURN OVER

MEDICAL INFORMATION ABOUT YOUR CHILD

1. Does your child have any conditions which require medical treatment, including regular medication? **YES/NO**
If yes, please provide details:

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IMPORTANT

Please ensure that any medication your child is taking on this visit is clearly labelled with their name, form and daily dosage instructions. All medication should be handed to a teacher at the start of the visit.

2. Please provide details of any food or other allergies and special dietary requirements of your child:

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3. Has your child suffered any recent illness or had an accident that staff need to be made aware of? **YES/NO**
If yes, please provide details:

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4. Is your child allergic to any specific medication? **YES/NO**
If yes, please provide details:

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5. Please provide details of the type of pain/flu relief medication that your child may be given if required:

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6. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **YES/NO**
If yes, please provide details:

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7. When did your child last have a tetanus injection?

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