



**BRINE LEAS SCHOOL – FORM C - LAKESIDE**

**Parent/Guardian Consent for a School Visit**

Due to Cheshire East legislation we require a separate Form C completing for each 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: <b>Year 7 Group Visit</b>	Group Leader: <b>Mrs Brown / Mrs Cundy</b>
Visit to: <b>Lakeside – Newby Bridge</b>	
Start Date: <b>Monday 21<sup>st</sup> October 2019</b>	Return Date: <b>Friday 25<sup>th</sup> October 2019</b>

<b>Student Details:</b>	
Student's Name: .....	
Progress Group: .....	Date of Birth: .....

<b>Declaration:</b>	
❖ In the event of a medical emergency we will endeavour to contact you immediately. If this is not possible please confirm that you agree to your child receiving the following as considered necessary by the medical authorities present (please tick to CONFIRM):	
<b>Emergency Medical Treatment</b>	<input type="checkbox"/>
<b>Emergency Dental Treatment</b>	<input type="checkbox"/>
❖ 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 week	
❖ 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 to CONFIRM your consent. <input type="checkbox"/>	
Signed: .....	Relationship to Child: ..... Date: .....
Print Full Name (in capitals please): .....	

<b>Contact Details:</b>	
<b>Parent/Guardian contact details:</b>	
Name: .....	Relationship to Child: .....
Home Address: .....	
Preferred Contact Telephone Numbers:.....	
Email address:	<input type="text"/>

<b>Secondary contact details:</b>	
Name:.....	Relationship to Child:.....
Preferred Contact Telephone Numbers:.....	

**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. Does your child have a care plan in school: **YES/NO**

3. Has your child suffered any recent illness or had an accident that staff would need to be 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. Is there any other information regarding your child’s health and wellbeing that staff would need to be aware of (including any dietary requirements):

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

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7. Has your child been in contact with any contagious/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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8. Has your child had a tetanus vaccination in the last 10 years? **YES/NO**

9. Name and Address of Medical Practice  
**IMPORTANT – this information will be required in the event of a medical emergency**

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.....

Telephone Number.....

On return to school on Friday 25<sup>th</sup> October 2019 all students must be signed out by a member of staff. Please indicate below how your child will be returning home:

**Walk Home**  **Collected**  **School Bus**

The school website/blog will be updated on the day with the anticipated time of arrival back at school.