



School/Group: BENFIELD SCHOOL

Details of visit to: _____

Date: _____ Time From: _____ To: _____

1 I agree to (PRINT NAME) _____ (DOB) _____

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 them to behave responsibly.

2 **Medical information about your child**

a) Any conditions requiring medical treatment, including medication? Yes / No
If yes, please give brief details:

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

c) 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 infectious?

If yes, please give brief details:

Yes / No

d) Is your son/daughter allergic to any medication?

Yes / No

If yes, please specify:

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

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

3 I agree to my son/daughter being photographed during the event (if relevant) which can be used in publicity material. Delete as appropriate. YES / NO

4 **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:

Full Name (capitals): _____

Relationship: _____

Mobile Tel: _____ Home Tel: _____

Home address: _____

Post Code: _____

Alternative emergency contact:

Name: _____ Telephone Number: _____

Relationship: _____

Address: _____

Name of family doctor: _____ Telephone Number: _____

Address: _____

Signed: _____ Date: _____

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