



Confidential

Parental Consent for a Rolling Programme or Series of Local Visits

PLEASE COMPLETE A SEPARATE FORM FOR EACH PUPIL

1. Pupil Details

School: **GREWELTHORPE CE PRIMARY SCHOOL Academic Year: 2022 - 2023**

Name of pupil: _____ Date of Birth: _____

I understand that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give consent for my child to participate in such visits. I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me.

I undertake to inform the Group Leader/Headteacher as soon as possible of any change in the medical or other circumstances after the date shown below.

I agree to my son/daughter receiving emergency medical or dental treatment of any nature as considered necessary by the medical authorities present.

I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the Group Leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

Signed: _____ Name: _____ (Parent/Carer)

Date: _____

Signed: _____ Name: _____ (Parent/Carer)

Date: _____

2. Emergency Contact Numbers

I may be contacted by telephoning the following numbers:

Work:	Home:	Mobile:
Home Address:		

If I am not available please contact:

Work:	Home:	Mobile:
Home Address:		



3. Medical Information, declarations and consent

a) Does your child suffer from any conditions requiring medical treatment or medication?

YES/NO

If yes please give details

b) Is your child allergic to any medication or treatment?

YES/NO

If yes please give details

c) Name, address and telephone number of family doctor:

d) When did your son/daughter last receive a tetanus injection?

e) Please outline any special dietary requirements of your child:

f)

This form should be completed annually. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.

I undertake to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.

Signed: _____ Name: _____ (Parent/Carer)

Date: _____

Signed: _____ Name: _____ (Parent/Carer)

Date: _____

1 copy to be held by School and Out of Hours Contact.

1 copy to be taken by Leader on visit.