



School

Parental Consent Form

ACTIVITY LEADERS MUST HAVE A COMPLETED FORM FOR EACH PARTICIPANT IN THEIR POSSESSION FOR THE DURATION OF THE ACTIVITY.

N.B YOU MAY NOT PARTICIPATE IN THIS ACTIVITY UNLESS THIS FORM IS **FULLY** COMPLETED AND RETURNED. COMPLETE AND RETURN to the team meeting on

Please Print

Description of Activity: Romania trip	
Date of Activity:	
Activity Leader:	Department Tel: (inc std)

Name of Participant:	Tutor Group
Address:	
Postcode	
Date of Birth:	
Home Tel	
MobileTel:	
Email address:	

Name of Parent/Carer
Address:
Postcode:
Home Tel:
MobileTel:
Email address:



Name of person to contact in an Emergency (if parent/carer unobtainable)

Address:.....

Postcode:.....
Home Tel:.....
Mobile Tel:.....
Work Tel:.....

Details of participant's food allergies or other special dietary needs:

Vegetarian? Yes **No**

.....

See over

Details of participant's food medical allergies, medical requirements/medication taken or other special needs that the activity leader should be aware of:

.....

Is your son/daughter travel sick? Yes : **No:** **if yes, please specify details and medication prior to travel:**.....

RESIDENTIAL TRIPS ONLY;
Does your son/daughter suffer with any of the following:

Bedwetting: Details.....
Night terrors: Details.....
Sleep walking: Details.....



Has your son/daughter received a tetanus injection in the last 5 years? Yes

No

I give permission for the adult in charge to allow my son/daughter to be given paracetamol, or similar, for minor headaches/pain relief. Yes

No

I require that my son/daughter be excluded from the following (include any physical limitations):

.....

.....

.....

Any other details you wish to make the organisers aware of:.....

.....

.....

Your signature below indicates that in the event of your child needing emergency medical treatment under general anaesthetic, a teacher may give consent for that treatment.

Please advise the activity leader of any medical problem that arises immediately prior to the visit, especially if this means that a course of medication has to be completed.

Signed.....Parent/Carer

Date.....