

The Hurlingham Academy

Parental Consent for an Educational Visit

1. I agree to my daughter/ son _____ (full name) taking part in this visit. I have read the information sheet and agree to his/her participation in the activities described and acknowledge the need for him/her to co-operate with staff and to behave responsibly.

2. Medical information about your child

a) Does your child have a condition **not** already advised to the school which will or might require treatment during the visit?

Yes	No
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b) If **Yes**, please give brief details including special measures such as an injection, means of storing the medication, how often to be taken, etc.

c) Please outline any special dietary requirements:

N/A _____

d) Please state the type of pain/ temperature control medication that your child may be given, if needed. If you give no indication, it will be assumed that no medication can be given unless prescribed by a medical practitioner:

e) Has your daughter/ son, to your knowledge, been in contact with any contagious or infectious diseases or has he/she suffered from anything in the last four weeks that may be contagious or infectious?

Yes	No	I do not know
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If **Yes**, please give brief details:

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

Yes	No	I do not know
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If **Yes**, please specify:

g) Does your daughter/ son suffer from any allergic reactions?

Yes	No	I do not know
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If **Yes**, please specify:

3. Declaration

I agree to inform the Party Leader as soon as possible of any changes in the medical or other circumstances of my daughter/ son between now and the Visit/ Activity.

I agree to my daughter/ son 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 that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible. I also acknowledge the extent and limitations of the insurance cover provided.

I understand that neither the school nor the teacher named above is liable for any claim or claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my daughter/ son except incidents arising from the negligence of the school or its employees.

I warrant that the information given above is correct to the best of my knowledge.

Signed: _____ **Date:** _____

Full name (block letters): _____

Relationship to the pupil: _____

Emergency Contact: _____

This form or a copy must be taken by the Party Leader on the visit.