



**EDUCATIONAL VISIT
PARENTAL CONSENT/INDEMNITY**

Please complete this Form as fully as possible. The completing of this form will not only consent the pupil stated below to attend and participate in activities as described in documentation given to you by the School/establishment, but also, provide essential information in the event of an emergency. If you have any queries as to the nature of activities or conduct of the educational visit, please do not hesitate to contact the group leader in charge of the visit. If you require any assistance in completing this Form, please contact your child's class teacher.

Name of Participant: _____ **CIVITAS:** _____ **DOB:** _____

Home Address: _____

_____ **Post Code:** _____

1. Details of Visit

Visit to: Ypres

Date: Friday 18th November 2016

I have read the information sheet and hereby consent to the attendance of my son/daughter, upon the above educational visit. I also agree to his/her participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. Medical Information about your child

- (a) Any conditions requiring medical treatment, including medication? **YES/NO**
If **YES**, please give brief details and describe the medication, dosage and frequency required:

- (b) Please outline any food or other allergies and special dietary requirements of your child:

- (c) Any recent illness or accident which staff should be aware of?

- (d) The type of pain/flu relief medication your child may be given if necessary:

- (e) Does your child suffer from travel sickness? **YES/NO**

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. I confirm that the contact details given below are to be used in the event of an emergency or in the event of my son/daughter being returned home for some other legitimate reason and that at least one of the named contacts will be available throughout the duration of the off-site visit.

3. Additional Information

Swimming ability (for water based activities) e.g. requires armbands/confident etc.

Do you have any additional comments?

4. Contact Telephone Numbers

Daytime/Work: _____ Evening/Home: _____

Alternative emergency contact: (please give two alternative contacts)

Name: _____ Tel. No.: _____

Name: _____ Tel. No.: _____

Name of Family Doctor: _____ Tel. No.: _____

Address: _____

Signed (Parent/Guardian): _____ Date: _____

Full Name (capitals): _____

THIS FORM, OR A COPY, MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY MUST BE RETAINED BY THE ESTABLISHMENT CONTACT(S).