

Parental Consent for Visits



Student Name

Year/College

I give permission for (student name):

to participate in visits that are within the Academy day for educational purposes. I agree to their participation in all activities described in the parent information letter when distributed and acknowledge the need for them to behave responsibly in line with the Academy expectations. I agree to the Academy taking photographs and video where appropriate to use for publicity of events and celebrating the success of students.

Yes, my child/dependent has a/some medical condition(s).

Please state details of dosage and ensure medication is labelled and brought on the visit.

Medical conditions/ medication required:

No, my child/dependent does not have any medical conditions.

Detail any pain/flu medication your child/dependent may be given if necessary:

Detail any allergies here:

Date of last tetanus injection:

Dietary requirements:

Name, address and telephone number of family doctor:

Swimming Ability

Is your child/dependent able to swim 25 meters? Yes No

Is your child/dependent confident in a pool? Yes No

Is your child/dependent confident in the sea or in open inland water? Yes No

Is your child/dependent safety conscious of water? Yes No

For residential visits only: To the best of your knowledge, has your child/dependent been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

No Yes

Detail any information here:

I will inform the Visit Organiser as soon as possible of any changes in the medical or other circumstances between now and the start of the visit.

Parental Declaration

I would like my child/dependent named above to take part in all educational visits and having read the information provided at the time of the visit, will agree to them taking part in the activities described.

I agree to my child/dependent receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered by the medical authorities present.

I confirm that my child/dependent is in good health and I consider them fit to participate in all educational visits. I will inform the Academy should this change.

Signature:

Date:

Full name of parent/guardian:

Home number:

Mobile number:

Mobile number:

Work number:

Home address:

Please return this completed form to the Visit Organiser at the Academy.