

**EMMANUEL CE MIDDLE SCHOOL**  
**Parental Consent Form for Educational Residential visit to France**  
**Monday 11<sup>th</sup> March 2019 to Friday 15<sup>th</sup> March 2019**

Please complete all the details and then sign and return the form. Do contact the school if you have any questions or doubts about this form.

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Please describe any health or allergy problems that might affect your child on this trip  
***It is important that the staff know about any illness or conditions which your child may have and which may affect his or her participation. Any medical information will be treated in confidence***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any special dietary requirements your child may have including any food allergies

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ DH / NHS Number: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

\*At the end of the visit I will collect my child / I agree for him or her to be collected by:

\* [please delete as appropriate]

\_\_\_\_\_

**Consent for Visit**

- ◆ I agree to my child taking part in the French residential visit and the activities planned.
- ◆ I agree to my child's image appearing on the school website and being included on a disc of trip photographs which will be provided to parents of children on the trip. (Please delete if not applicable).
- ◆ I agree to my child receiving emergency medical treatment if necessary: I understand that the Teacher in Charge, or the School, will do their best to contact me prior to any such treatment.
- ◆ I give permission for my child to be given paracetamol\* / Strepisils\* by the Teacher in Charge should the need arise. Administration of any such medication will be recorded and handed to parents on return. (We will be taking a quantity of paracetamol with us for such permissions).

*\* Please delete if appropriate.*

**Staff are unable to administer medicines containing Ibuprofen, Aspirin or Aspirin derivative unless they are prescribed by a doctor. All medicines must be in their original box or container and a Parental Agreement for Administration of Medicines must be completed. All prescribed medicines must be provided in the original container as dispensed by a pharmacist and include the instructions for administration. Any arrangements must be agreed beforehand with the Teacher in Charge.**

- ◆ I agree to my child travelling by any form of public transport and/or in any approved motor vehicle driven by a suitably qualified member of the party.
- ◆ I understand that arrangements for the care, supervision and discipline will be in accordance with the normal policies and practice of the school. I agree to reinforce the need for my child to follow the school's code of behaviour.
- ◆ I accept that neither, Wimborne Academy Trust, the school, nor their representatives, can be held liable for any loss of personal effects or money.

Signed: \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_