

**EMMANUEL CE (VA) MIDDLE SCHOOL**  
**Parental Consent Form for Educational Residential visit Heatree**  
**11<sup>th</sup> - 14<sup>th</sup> February 2020**

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 residential visit to the Heatree and the activities planned.
- ◆ I agree to any images taken of my child during the trip to be published on the school website and in the school newsletter. (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.

*\* Please delete if appropriate.*

**Under no circumstances will any other medication, including Ibuprofen Aspirin or Aspirin derivative, be given to your child with the exception of prescription medicines which must be named with clear written instructions and be in the packaging as distributed from the pharmacist. 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, the Trust, the school, nor their representatives, can be held liable for any loss of personal effects or money.

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