



FORM 'C'

Name: _____ Male / Female

CHESHIRE WEST AND CHESTER COUNCIL

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with an information sheet giving full details of the visit

Establishment/Group: **HARTFORD CHURCH OF ENGLAND HIGH SCHOOL**

Details of Visit to:

From: Date _____ Time: _____ To: Date _____ Time: _____

I agree to _____ (name taking part in this visit)

I have read the information sheet I agree to _____ 's participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

1. Medical information about your child

- a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

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

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

- d) The type of pain/flu relief medication your child may be given if necessary:
A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

For residential visits and exchanges only

- e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES/NO

If YES, please give brief details:

f)

 Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

g)

 When did your son/daughter last have a tetanus injection:

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.

Contact telephone numbers:

Name: _____

Work: _____

Home: _____

Home address: _____

Alternative emergency contact:

Name: _____

Telephone number: _____

Address: _____

Email address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

As part of the activities your son/daughter/ward are involved in Cheshire West and Chester Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? YES / NO

Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT.