

CHALONER PRIMARY SCHOOL
EXTERNAL VISITS CONSENT FORM



Reason for Consent: Children to attend regular out of school/establishment visits or activities.

Period of Consent: 1ST SEPTEMBER 2019 – 31ST JULY 2020

I agree to **(Name of Pupil)** _____
Taking part in recognised activities off Chaloner Primary School site in the local area. These may include for example, local environmental studies, surveys, swimming, joint sporting activities and cultural visits.

I understand that:

- I will be informed of the dates of these visits prior to them taking place;
- These activities will not often extend beyond the school day, but that if, occasionally, they are likely to do so, adequate advance notice will be given so that I may make appropriate arrangements for his/her safe return;
- My specific permission will be sought for any educational visits or activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards;
- All reasonable care will be taken of my child in respect of the visit or activity;
- My child will be under an obligation to obey all directions given, observe all rules and regulations governing the visit or activity and conform to normal codes of behaviour and discipline;
- Any medical condition or special needs will be notified to the school now and as and when they arise;

Signature of Parent/Carer: _____ **Date:** _____

Full name: _____

Relationship to the child: _____



It is important that we have access to up to date information. Please fill the grid below and make sure we are updated with any changes that occur throughout the year.

Name of child:		DOB	
Address:			
Emergency Contact 1	Name:	Relationship to child:	
	Tel Number/s:	Address if different to above.	
Emergency Contact 2	Name:	Relationship to child:	
	Tel Number/s:	Address if different to above.	
Emergency Contact 3	Name:	Relationship to child:	
	Tel Number/s:	Address if different to above.	

Medical Information, declarations and consent

a) Does your child suffer from any conditions requiring medical treatment or medication?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please give details:</p> <p>Please continue on a separate piece of paper if necessary.</p>
b) Does your child suffer from Asthma?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please give details of medication required:</p> <p>Please continue on a separate piece of paper if necessary.</p>
b) Is your child allergic to any medication or treatment (including plasters)?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please give details</p> <p>Please continue on a separate piece of paper if necessary.</p>
c) Name, address and telephone number of family doctor/GP:	

Food

Is your child allergic to any foods?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please give details</p>
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