

To be completed by the visit leader:

Please return to: **Student mailbox for the attention of Helen Jacquet (visit leader)**

The visit leader will only divulge information on this form to other staff or relevant organisations as necessary, to ensure the welfare and safety of the participant.

Group: **Activities Week 2020 – Chocolate Week**

Place of visit: **Barnham Broom for afternoon tea**

Method of travel: **Coach**

To be completed by the parent/carer

I am willing for my child _____ Tutor group: _____

to take part in the above visit/journey and, having read the information provided, I agree to him/her taking part in the activities described. I also understand that by providing this information I give my consent for the information contained to be shared with any organisations for the purpose of the administration of the trip.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child to receive pain relieving medication when appropriate (one dosage of paracetamol only) * **please delete as appropriate**

I agree to my child 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.

Emergency contact details: name of parent(s)/carer(s):

(i) _____ Telephone: _____

(ii) _____ Telephone: _____

Signature of parent/carer: _____
(if participant is under 18)

Signature of student: _____

Should there be any amendments to this information after it has been handed in, please contact the visit leader immediately.

Doctor's name : _____

Doctor's telephone number: _____

National Health Number (if known): _____

Parental Consent Form – Level 2 Visits

Student name: _____

CONFIDENTIAL

Tutor group: _____

Date of last known tetanus injection (if known): _____
Please give details of any recent illnesses:
Please give name and dosage of any medications currently being taken:
Please tell us about any allergies e.g. medicines, food, bee stings, etc:
Please tell us about any food not eaten for religious or health reasons:
Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the visit leader should be aware of e.g. heart conditions, asthma, phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

Copies must be carried securely by the visit leader or group supervisor.

Please complete both sides of this form. If there are any amendments to this information after it has been handed in, please contact the visit leader immediately.