

**To be completed by the visit leader:**

Please return to: **Student mailbox for the attention of Helen Chubbock (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: **Walks, water and windmills 2020**

Place of visit **Horsewindmill, Horsewindmill, Wroxham broads, Baconsthorpe Castle.**

Day and date of departure and return: **Daily at 8.50 am from Aylsham High School from Monday, 13 July to Friday, 17 July 2020. Returning each day by 3.25 pm.**

List of activities to be undertaken: walking, boat trip

Method of travel: **Coach/boat**

**To be completed by parent/carer (please use block capitals)**

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Main telephone number : \_\_\_\_\_

Name of parent(s)/carer(s):

(i) \_\_\_\_\_ Relationship: \_\_\_\_\_

(ii) \_\_\_\_\_ Relationship: \_\_\_\_\_

Addresses of parent(s)/carer(s) and/or other contact persons:

(i) \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_

(ii) \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

National Health Number (if known): \_\_\_\_\_

**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.**

**Parental Consent Form – Level 3 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 which you feel might be useful in an emergency, or that the visit leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc.
I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.
I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.
<b>I give/do not give*</b> permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only) * <b>please delete as appropriate</b>
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.
I understand the extent and limitations of the insurance cover provided. 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.
Signature of parent/carer: _____ (if participant is under 18)
Signature of student: _____

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

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

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