



North Tyneside Council

EVF4 - Parental Consent

(to be distributed with an information sheet giving full details of the visit)

School/Group:

1. Details of visit to:

From: Date/Time: To Date/Time

I agree to: (name) Date of Birth

From: Date/Time: To Date/Time

taking part in this visit and I have read the information sheet, and I agree to(s) participation in the activities described. I acknowledge the need for to behave in a responsible manner.

2. Medical information about your child

a. Any conditions requiring medical treatment, including medication? **YES / NO**

If yes please give brief details:

.....
.....

Please outline any special dietary requirements of your child and the type of pain/flu relief medicine your child may be given if necessary

Dietary requirements:

Medical Needs:.....

For residential visits and exchanges only:

c. 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 infectious? **YES / NO**

If yes, please give details:

.....
.....

d. Is your son/daughter allergic to any medication? **YES / NO**

If yes please give brief details:
.....
.....

e. When did your child last have a Tetanus injection?
.....

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

2. Declaration

I agree to my son/daughter receiving medical treatment 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 numbers:

Work: Home:

Home Address:
.....

Alternative Emergency Contact:

Name: Relationship :

Address.....
.....

Name of Family Doctor:..... Number:

Address.....

Signed: Date:

Print Full Name (capitals):