

Name: \_\_\_\_\_

Male / Female

## FORM 'C'

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: Utkinton St. Paul's CE Primary School

Details of Visit to: Condover Hall, Shropshire

From: Monday 9<sup>th</sup> March 2020 to Wednesday 11<sup>th</sup> March 2020

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:

\_\_\_\_\_

#### 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:

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## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email 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 County 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**