

**OFF-SITE VISIT PARENTAL CONSENT FORM**



**CONFIDENTIAL INFORMATION**

Information given on this form will not prejudice the inclusion of your child on the trip. It is essential to complete this form accurately in the interests of your child's safety.

Student's surname: ..... Student's forenames: ..... Age: ..... Form Group.....

Visit to: **Take Your Child to Work Day** Date: **27 February 2019**

I wish my son/ daughter to take part in the above mentioned visit and having read the attached letter, agree to him/ her taking part in the activities described.

I shall instruct my son/ daughter to wear a seat-belt whilst travelling by motor vehicle and to abide by any safety instructions and behavioural requirements.

Printed Name: ..... (Parent /Carer)

Signed.....

To ensure that parents may be contacted if necessary – please complete the following:

Parents Home Address: ..... Home telephone Number: .....  
..... Mobile Phone Number: .....  
..... Work Phone Number: .....

Emergency Number and contact name if different from above: .....

Does your son/ daughter follow a special diet? (Please state).....

Does your child have any condition requiring medical treatment, including medication?

(Please give details and continue overleaf if required)

.....  
.....

**Immunisation status:**

Is your child vaccinated against Tetanus: Yes No

Date of injection: .....

Please give details of any relevant vaccinations: .....

Further Medical Information:

(Any further information e.g. recent injuries / conditions that the leader of the visit should be aware of)

Please give your family doctor's Name, Address and Telephone Number:

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**PLEASE COMPLETE AND RETURN TO STUDENT SERVICES BY**

**23 November 2018**