EV03

WARGRAVE HOUSE SCHOOL

EDUCATIONAL VISIT

FORM OF CONSENT

Student Details		**Visit/Activity Details**
Name of Student:		Venue:
Group/Class:	Date of Birth:	Location/address:

I hereby consent to the attendance of my child on the above school visit when the person(s) in charge of the party of school children will be member of the teaching staff of the school and/or the centre.

I further consent to the giving of any urgent medical or surgical treatment to my child which is considered necessary by the medical authorities during the school visit.

Please detail below, or write direct to the Head of Education in confidence, if your child suffers, even mildly, from a medical condition.

Condition	**Yes**	**No**	**Details** (if Yes)
Epilepsy			
Asthma			
Diabetes			
Heart condition			
Allergies			
Bed wetting/ incontinence			
Physical mobility issue			

Has your child suffered from any contagious or infectious diseases during the past three months?

YES / NO

If yes please give details:

If your child is taking medication, please give details including whether it can be self-administered. Please give details of any special dietary requirements.

Current Medication:
Special Dietary Requirements:

Family Doctor

Name:	
Address:	**Telephone Number:**

Other Information

What is your child's swimming ability (e.g. strong, weak, cannot swim)?
Please list below any activities in which your child may not participate (if any).

Name: BLOCK CAPITALS	**Signature:**	**Date:**
Address:		**Home Tel:** **Mobile Tel:**
If you do not have a telephone, please try to arrange a contact number in case of illness or problem.		
Contact Name:	**Tel Number:**	