



Curwen Primary School
Together Everyone Achieves More

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CONSENT FORM FOR PARENT OR GUARDIAN OF PUPILS PARTICIPATON IN A ORGANISED EDUCATIONAL VISIT ABOARD

This form must be completed and signed by the Parent/Guardian of the child named therein. In signing this form you give the school consent for:
• Your child to take part in a full range of activities planned by the school.
• A member of staff to approve such medical treatment for your child as is deemed necessary in an emergency on the advice of a qualified medical practitioner.

DETAILS OF STUDENT:

SCHOOL Curwen Primary School VISITING Cuellar, Segovia in Spain DATE OF VISIT 7-10 JUNE 2016

The pupils will being travelling by coach to and from the airport and during educational visits.
They will travel by aircraft from Stansted United Kingdom to Madrid international airport (Adolfo Suárez Madrid-Barajas)

NAME OF STUDENT.....MALE/FEMALE
HOME ADDRESS.....
.....DATE OF BIRTH.....

ALTERNATIVE EMERGENCY CONTACT:

NAME ..... Telephone Number.....

ADDRESS .....
.....POSTCODE.....

NAME ..... Telephone Number.....

ADDRESS .....
.....POSTCODE.....

MEDICAL INFORMATION:

NAME AND ADDRESS OF FAMILY DOCTOR.....
..... POSTCODE ..... DR. TELEPHONE NUMBER.....

MY CHILD HAS A VALID EHIC CARD YES/NO

Does your child suffer from any medical conditions? YES/NO \*if YES, please provide details

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- Does your child receive medication? (including travel sickness) **YES/NO**

\*if **YES**, please provide details.....

Please state name of medication.....Dosage/Frequency.....

**Please hand in any medication to Miss Tisser**

- Is your child allergic to any medication? YES/NO

\* if **YES**, please specify

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- Your child is up-to-date with routine vaccines in the UK before the trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, and polio vaccine. **YES/NO**
- When did your child last have a tetanus injection? .....
- Please outline any special dietary requirements or ALLERGIES your child has

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- 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 provide details

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***I will inform the party leader/Head teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit/journey.***

**EMERGENCY DETAILS**

PARENT/GUARDIAN CONTACT TELEPHONE NUMBERS

NAME .....WORK.....HOME.....MOBILE.....

NAME .....WORK.....HOME.....MOBILE.....

**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.

**I consent to any emergency medical treatment required by my child during the course of the visit.**

**I confirm that my child is in good health and I consider them fit to participate**

I agree to ..... (child's name) taking part in this visit and have read the information provided. I agree to my child's participation in the activities described and acknowledge the need for my child to behave responsibly.

SIGNATURE OF PARENT/GUARDIAN.....DATE.....

FULL NAME OF PARENT/GUARDIAN (IN CAPITALS PLEASE)

FIRST NAME ..... SURNAME.....

**The safety and welfare of your child is our number one concern. The highest standard of behaviour will be expected at all times from your son/daughter. Your co-operation with this aim will be much appreciated.**