

# CONSENT FORM

Name of School/Youth Group: \_\_\_\_\_

Date: \_\_\_\_\_

I consent to my son / daughter\* \_\_\_\_\_ (Name in full)

taking part in the educational visit to be held on \_\_\_\_\_

I confirm that he/she\* is medically fit to participate.

\* delete as appropriate

Please give details of:

1. Any current medical condition/any medication being taken

\_\_\_\_\_  
\_\_\_\_\_

2. Any other relevant information which may affect his/her participation in the visit (including allergy or dietary requirements) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Emergency contact numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

**I accept the established code of conduct for the educational visit and agree to the arrangements (including costs) relating to my son/daughter being sent home early from the visit.**

**I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by the medical authorities present. I understand the extent and limitations of the insurance cover provided.**

Signed \_\_\_\_\_ (Parent/Guardian)

Date \_\_\_\_\_