

Name:

## PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Establishment/Group: **Westminster Community Primary School**  
Details of Visit to: **The Conway Centre 2023 for Year 6 pupils**  
From: **Monday 5<sup>th</sup> June 2023 09:30 to Friday 9<sup>th</sup> June 2023 15:00**

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:

\_\_\_\_\_

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:

\_\_\_\_\_

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:

\_\_\_\_\_

GP Surgery Name: \_\_\_\_\_

GP Phone Number: \_\_\_\_\_

**Declaration:**

I agree to my child 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.

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

Full name (capitals): \_\_\_\_\_

**Main contact:**

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

Work No: \_\_\_\_\_

Home No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

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

Email address: \_\_\_\_\_

**Alternative emergency contact 1:**

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

Work No: \_\_\_\_\_

Home No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

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

**Alternative emergency contact 2:**

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

Home No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

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

As part of the activities your child is involved in Cheshire West and Chester Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can the young person's photograph be used in this way? YES / NO

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT**