

## PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Details	lishment/Group: <b>Westminster Community Primary School</b> s of Visit to: <b>Tattenhall Residential 2023</b> <b>7</b> <sup>th</sup> – 8 <sup>th</sup> June 2023		
I agre	e to(name taking part	in this visit)	
	e read the information sheet I agree to's part ctivities described.	icipation in	
	owledge the need fornsibly throughout the visit.	_ to behave	
1. Me	edical information about your child		
a)	Any conditions requiring medical treatment, including medication? If YES, please give brief details:	YES/NO	
b)	Please outline any food or other allergies and special dietary requi	etary requirements:	
c)	Any recent illness or accident staff should be aware of?	aware of?	
d)	The type of pain/flu relief medication your child may be given if neo	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? If YES, please specify:	YES/NO	
g)	When did your son/daughter last have a tetanus injection:	_	
	GP Surgery Name:		

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

## **Declaration:**

I agree to my child/ward 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:	<del>_</del>		
Home No:	-		
Mobile No:	_		
Home address:			

As part of the activities your child/ward are 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 we use the young person's photograph 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