



**PARMITER'S SCHOOL**

**PARENT/GUARDIAN CONSENT AND INFORMATION FOR AN EDUCATIONAL VISIT**

<b>VISIT:</b>	The Kingswood Centre, Grosvenor Hall, Ashford, Kent.
<b>DATES:</b>	Wednesday 4th December 2019 TO: Saturday 7 <sup>th</sup> December 2019

Please complete, in full, these questions:

**SECTION A: STUDENT INFORMATION**

SURNAME:	FORENAMES:
DATE OF BIRTH:	AGE: (years on day of departure)
HOME ADDRESS ..... ..... .....	NAME OF DOCTOR: ..... (required if consultation is necessary)  ADDRESS ..... ..... .....
POSTCODE: .....	.....
HOME TELEPHONE NO: .....	.....
	NATIONAL HEALTH SERVICE MEDICAL CARD NO: .....

**MEDICAL INFORMATION**

It is most important that we should know of any pre-existing medical condition (for example, asthma, diabetes, heart trouble), which may require treatment.

If, within two days prior to departure on the journey, your child becomes ill, you should have her/him seen by your own doctor.

- \*Delete the following as appropriate
- \*My child does NOT suffer from any pre-existing medical condition requiring treatment.
- \*My child suffers from ..... which may affect him/her taking part in the activities on the trip.
- \*The following treatment may be required .....
- \*Known allergies to drugs or other medication are .....

Please attach letter if necessary.

**DIETARY INFORMATION**

Does he/she have any dietary requirements? YES/NO

If yes, please give details:

**SWIMMING ABILITY** : Please detail the child/young persons swimming ability below:

Please provide any other information you feel may be important regarding your child.

**SECTION B: PARENTAL INFORMATION**

GUARDIAN'S/ FATHER'S NAME		GUARDIAN'S/ MOTHER'S NAME	
HOME ADDRESS .....		HOME ADDRESS .....	
.....		<i>(if different from father)</i> .....	
.....		.....	
Home Tel. No. ....		Home Tel. No. ....	
Mobile No. ....		Mobile No. ....	
BUSINESS NAME .....		BUSINESS NAME .....	
BUSINESS ADDRESS .....		BUSINESS ADDRESS .....	
.....		.....	
Tel. No. .... Ext. ....		Tel. No. .... Ext. ....	
Alternative contact at place of work: .....		Alternative contact at place of work: .....	
.....		.....	
Usual hours at work .....		Usual hours at work .....	
Details of known whereabouts during the dates of the visit, if not at home, e.g. holidays, visits to relatives, etc.			
DATE		TIME	METHODS OF CONTACT

Emergency Contact Number during the visit if contact not possible with the above-named.

Tel. No. ....

Name and Relationship of person to student: .....

.....

**SECTION C: INSURANCE**

Insurance has been taken out through County. Details of the policy are held by the Bursar's Office. This does not cover valuable items such as radios,MP3 players etc., which should therefore **NOT** be brought.

**SECTION D: RULES AND DISCIPLINE**

Behaviour on the trip is expected to bring credit to the student and to the school. The staff expect full co-operation at all times.

**The staff reserve the right to send your son/daughter home at any point during the trip on the grounds of unacceptable behaviour.**

**SECTION E: DECLARATION**

**Please read carefully and sign below:**

- I certify that my son/daughter is not suffering from any medical condition to impact their enjoyment of the itinerary provided.
- I wish my son/daughter to be allowed to take part in the school visit and, knowing the information about the visit, agree to him/her taking part in any or all of the activities involved.
- I understand that, while the school staff in charge of the group are in loco parentis and will take all reasonable care of the children, they shall not be held responsible for any loss, damage or injury suffered by my son/daughter arising during the school visit.
- I understand that my son/daughter will not be supervised at all times during the visit.
- I accept the conditions, under Section D, on discipline.
- I consent to any emergency treatment, including the use of anaesthetic, blood transfusion, during the course of the visit, and for the local doctor to contact my GP at his discretion.
- I undertake to inform the party leader if my child or any member of the family suffers from any infectious disease within 21 days prior to the journey. (Insurance requirement.)

**On your return to Parmiter's School**

I will be collecting my son/daughter from school.

Signature:	
Relationship to student:	Date: