Sir William Ramsay School

EMPOWERING EVERYONE TO ACHIEVE

**PARENTAL CONSENT FOR A SCHOOL VISIT**

# SWR 40th Anniversary Celebration Trip 2016 - Year 9

School/Group: Sir William Ramsay School, Rose Avenue, Hazlemere, Bucks, HP15 7UB

Pupil's name: ..... Date of birth .....

**Visit to: British Museum, London**
**From: Tuesday 12 July 09:00hrs To: Tuesday 12 July 15:00hrs**

**1.** I agree to my son / daughter taking part in this visit and have read the information sheet. I agree to his / her participation in the activities described. I acknowledge the need for and expect him / her to behave responsibly.

**2. 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 special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

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.....
.....

c. 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

.....

.....

d. Is your son/daughter allergic to any medication? YES/NO
If YES, please specify

.....

.....

e. When was the last time your child received a tetanus injection?

.....

**Declaration**

I agree to my son / daughter receiving medication as instructed and any urgent 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. (See details on the school website.)

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

**Signed:** ..... **Date:** .....

Full name (capitals): .....

**Contact telephone numbers:**

I may be contacted by telephoning the following numbers:

Work: ..... Home:.....

Home address: .....

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Email address 1: .....

Email address 2: .....

If I am not available at above, please contact:

Name:..... Tel No:.....

Address: .....

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**Name and address of family doctor:**

Name: ..... Tel No: .....

Address: .....

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**THIS FORM OR A COPY WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY WILL BE RETAINED BY THE SCHOOL CONTACT**