

CHESHIRE WEST AND CHESTER COUNCIL

FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with an information sheet giving full details of the visit

Establishment/Group: Capenhurst CE Primary School

Details of Visit to: The Conway Centre, Menai, Anglesey. North Wales

From: 06/03/2024 Time: 9:00am **To:** 08/03/2024 Time: 3:15pm

I agree to _____ (Full name of Child)

Male / Female (*please delete as appropriate*)

I have read the information sheet. I agree to HIS/HER participation in the activities described.

I acknowledge the need for HIM/HER to behave responsibly throughout the visit.

1. MEDICAL INFORMATION ABOUT YOUR CHILD - PLEASE DELETE AS APPROPRIATE

- 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 of your child:

- c) Any recent illness or accident staff should be aware of?

- d) The type of pain/flu relief medication your child **can be given if necessary**:

FOR RESIDENTIAL VISITS AND EXCHANGES ONLY

- 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 infectious? 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: (can be obtained from your Doctor)

Date:

**PLEASE COMPLETE
BOTH SIDES OF FORM C**

Declaration

I agree to my son/daughter 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.

Contact telephone numbers:

Name: _____

Work: _____ Home: _____ Mobile: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Contact number(s): _____

Address: _____

Email address: _____

Name of family doctor: _____ Tel number: _____

Address: _____

As part of the activities your son/daughter/ward is involved in during this trip, the School may take photographs to use in printed publications or promotional material including the local press.

Can we use your Child's photograph in this way? YES / NO

Signed: _____

Date: _____

Relationship to Child: _____

Full name (capitals): _____

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