



REPEAT OFF-SITE VISITS - PARENTAL CONSENT FORM CONFIDENTIAL INFORMATION

This form to be used for repeated team or group, off-site visits.

It is essential to complete this form accurately in the interests of your child's safety.

Syresham St James CE Primary School

Class:

Pupil's name:

Date of birth:

I wish my son/daughter to take part in visits to Church, Chapel, the sports field (for PE/Games & sports activities), swimming (at Brackley Pool), nature walks, out-side learning lessons in the local parks & woods and any other local school off-site activities. These forms are taken with the accompanying adult each time your child leaves the school premises.

I agree to him/her taking part in the activities described.

I shall instruct my child to wear a seat-belt whist travelling by motor vehicle and to abide by any other safety instructions and behavioural requirements.

Signed:

Father - Mother - Legal Guardian.

To ensure that **parents** may be contacted if necessary - please complete the following:

Parents home address

Telephone numbers

Home

Work

Mobile

Second contact - neighbour/friend's address

Home

Work

Mobile

Does your child follow a special diet?

Does your child have any condition requiring medical treatment, including medication? Please give details:

Immunisation status

Is your child vaccinated against Tetanus YES NO

Date of injection Date of booster

Please give details of any other relevant vaccinations:

If your child has recently been exposed to any infectious diseases he/she should be examined by a doctor and a letter of fitness to participate must be issued.

Has your child had any of the following?

Asthma or Bronchitis YES NO

Recent Fracture or Ligament Damage YES NO

Heart condition YES NO

Fits, Feinting or Blackouts YES NO

Severe Headaches or Migraine YES NO

Diabetes YES NO

Haemophilia YES NO

Sleep walking YES NO

Any Allergies YES NO

If yes please specify:-

Any other illness or disability (please specify:-

Please give your family doctor's Name, Address and Telephone Number.

This form or a copy of it must be taken by the group leader on the visit.

A copy must remain at school.

This form should be distributed to parents with full details of the visit.

This form is based on detail from the DfES document, Health and Safety of Pupils on Educational Visits.

please turn over and fill in the reverse