

FORM 'C' – OVERNIGHT VISITS AND VISITS ABROAD
Cheshire West and Chester Council Upton-by-Chester High School
PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

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

Details of visit to: The Conway Centre, Anglesey Date: /11/14 to /11/14 Time: 9am to 3pm

Student name: _____ Form _____

Male/Female DOB: _____

I have read the information sheet and I agree to _____'s participation in the activities described. I acknowledge the need for _____ to behave responsibly throughout the visit.

Medical information about your child

a) Any conditions requiring medical treatment, including medication? If YES, please give brief details:

b) Please outline any food or other allergies and special dietary requirements of your child:

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

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

A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

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? YES/NO

If YES, please give brief details _____

g) When did your son/daughter last have a tetanus injection _____

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.

Continued overleaf

The visit is covered by the following insurance policies: Zurich Municipal Travel & the Conway Centre's own. A copy of the policies are held with Mrs Collinson, should you wish to view them.

Cheshire West and Chester Council may take photographs or video footage as part of the activities your child is involved in 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

Contact telephone numbers:

Name: _____

Work: _____ Home: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____

Work: _____ Home: _____

Home address: _____

Name of family doctor: _____ Telephone number: _____

Address _____

Signed: _____ Full name(capitals): _____ Date: _____
parent/carer

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

Any further information that you feel we may need to know can be added in the space below:
