



**Ysgol John Bright**  
**Parent/carer consent for one-off**  
**or occasional educational visits**

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

School/centre: Ysgol John Bright

Visit/activity: \_\_\_\_\_

Venue: \_\_\_\_\_

Date(s): \_\_\_\_\_

Your child's name \_\_\_\_\_ Form/Class \_\_\_\_\_

**Medical and dietary**

a) Does your child have any physical or psychological condition that may affect him/her during the visit?

YES/NO

If YES, please give details: \_\_\_\_\_

b) Please give details of any allergies:

\_\_\_\_\_

c) Please give details of any special dietary requirements of your child:

\_\_\_\_\_

d) Please detail any recent illness or accident suffered by your child that staff should be aware of?

\_\_\_\_\_

e) Please list any type types of non-prescription medication or lotions your child **may not** be given:

\_\_\_\_\_

f) 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 details: \_\_\_\_\_

\_\_\_\_\_

h) When did your son/daughter last have a tetanus injection? \_\_\_\_\_

**Water confidence/swimming ability**

Please indicate your child's swimming ability:

- Cannot swim                                       Able to swim a little in a swimming pool   
Able to swim confidently in a swimming pool     Able to swim confidently outdoors (e.g. lake, river or sea)

**Your contact details**

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home address \_\_\_\_\_

**Alternative emergency contact**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Family doctor**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Declaration**

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/centre to refund any money.
- In an emergency I agree to my son/daughter receiving medication 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.

**FULL NAME OF PARENT OR CARER** (print please): \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_