

**FORM C****EDUCATIONAL/EXTERNAL VISIT  
PARENT/CARER CONSENT/INDEMNITY****To be distributed with information giving full details of the visit.**

Please complete this form as fully as possible. This form is not only consent for the young person named below to participate in the activities as described in the information given to you by the school/establishment, but also provides essential information in the event of an emergency. If you need any help in completing this form or have any queries about the activities or conduct of the visit, please do not hesitate to contact the Visit Leader.

**Establishment/Group:** Ulverston Victoria High School WIND BAND**Name of Participant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_**Home Address:** \_\_\_\_\_\_\_\_\_\_ **Post Code:** \_\_\_\_\_**1. Details of Visit****Visit to:** **GERMANY: RHINE VALLEY (via Dover-Calais ferry crossing)****Dates: From (time/date): 22:00hrs Sat 15<sup>th</sup> July To (time/date): 02:00hrs Fri 21<sup>st</sup> July****2. Contact Telephone Numbers**

NAME: \_\_\_\_\_ Daytime/Work: \_\_\_\_\_

Evening/Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Alternative emergency contact:** (please give two alternative contacts)

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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

**DECLARATION**

I have read the information and hereby consent to the attendance of my child on the above educational/external visit. I also agree to his/her participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on his/her part.

I agree to my child 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. I confirm that the contact details given above are to be used in the event of an emergency or in the event of my child being returned home for some other legitimate reason and that at least one of the named contacts will be available throughout the duration of the visit.

Signed (Parent/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (capitals): \_\_\_\_\_

**PLEASE COMPLETE THE ESSENTIAL MEDICAL INFORMATION OVERLEAF**

Form C Sample Parental Consent Form

**3. Medical Information about your child**

- (a) Any conditions requiring medical treatment, including medication? **YES/NO**  
If **YES**, please give brief details and describe the medication, dosage and frequency required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (b) Please detail any food or other allergies and their severity and any special dietary requirements of your child:  
\_\_\_\_\_  
\_\_\_\_\_
- (c) Any recent illness or accident which staff should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
- (d) The type of pain/flu relief medication your child may be given if necessary:  
\_\_\_\_\_  
\_\_\_\_\_
- (e) Does your child suffer from travel sickness? **YES/NO**

**For residential visits and exchanges only**

- (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 brief details:  
\_\_\_\_\_  
\_\_\_\_\_
- (g) Does your son/daughter suffer from any medical allergies e.g. penicillin, Elastoplasts etc? **YES/NO**  
If **YES**, please specify:  
\_\_\_\_\_
- (h) Approximately when did your son/daughter last have a tetanus injection? \_\_\_\_\_

**4. Passport Information**

Full Name: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
dd mm year

Passport No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Nationality: \_\_\_\_\_ Place of birth: \_\_\_\_\_

**5. Any Additional Information**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THIS FORM, OR A COPY, MUST ACCOMPANY THE VISIT LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT EMERGENCY CONTACT(S).**