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| school logo | **Parental Consent Form: Off-site visit (OV4)** |
| **Establishment:**  | **WEOBLEY HIGH SCHOOL** |

**This form is to be completed by the parent/adult responsible for the child.**

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| Childs Name: ………………………………………………………………………………….Date of Birth: ……………………………………………………… |
| Visit details: **Birmingham City University** on: **Wednesday 5th July 2017**Party Leader(s): **Mrs stokes & Mr Dixon**Depart Weobley at **8.00am** and return to Weobley High School at **5 pm**  |
| I enclose a contribution of **£ 0.00** towards the cost of the trip. |
| **Medical information** |  |
| Does the above person: * Have any medical condition requiring medical treatment or medication?
* Have an allergy, including an allergy to any medications? (inc. penicillin, aspirin)

Please give further details if you have answered yes to the questions above: …………………………………………………………………………………………………………..……………………………………………………………………………………………………………Can you also telephone the School Office on 01544 318159 to meet and discuss the condition of the child with the Party Leader. | Yes/NoYes/No |
| Is there any pain relief/medication your child may be given if necessary: ………………………..……………………………………………………………………………………………………………... | Yes/No |
| Does he/she have any special dietary requirements?Please give details: ……………………………………………………………………………………………………..……..…………………………………………………………………………………………….…………………………………………………………………………………………………………………………… | Yes/No |
| Does he/she have a care plan? If so, an up to date copy should be attached to this form.  | Yes/No |

**For residential visits and exchanges only**

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| To the best of your knowledge, has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?Please give details: ……………………………..………………………………………………………….…………………………………………………….………………………………………………………….………… | Yes/No |

**Declaration**

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| I agree to ………………………………………………………. (NAME) 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 acknowledge the need for him/her to behave responsibly. If they do not I understand they may be removed from the trip.Full name parent/carer: …..………………………………………………………………………………………...Signed parent/carer: ……………………………………………………. Date: ………………………………… |

**Contact telephone numbers** PLEASE COMPLETE IN CAPITALS

**Main contact:**

|  |  |
| --- | --- |
| Name: ……………………………………………….. | Relationship to the child: ………………………………. |
| Home phone: ……………………………………….. | Mobile number: …………………………………………. |
| Work phone: ……………………………………….. |  |
| Home address: ………………………………………………………………………………………………………..………………………………………………………………………………………………………………………….. |

**Alternative emergency contact:**

|  |  |
| --- | --- |
| Name: ………………………………………………... | Relationship to the child: ………………………………. |
| Home phone: ……………………………………….. | Mobile number: …………………………………………. |
| Home address: ………………………………………………………………………………………………………..………………………………………………………………………………………………………………………….. |

**Details of family doctor:**

|  |  |
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| Name: ………………………………………………... | Telephone contact: …….………………………………. |
| Surgery address: ……………………………………………………………………………………………………..………………………………………………………………………………………………………………………….. |

**Insurance Details:**

Insurance cover for all off-site visits is arranged through the local authority (Herefordshire Council). Cover includes: medical, personal belongings, money, disruption, winter sports, personal injury (inc. death), personal liability, overseas legal expenses and dental injury.

Should you wish further details please contact the School Business Manager or the Office Manager on 01544 318159. Copies of the policy cover can be provided if requested.