



LEV 3 (Jan 2012 Vers)

North Wolds Federation

PARENTAL CONSENT FORM FOR A SCHOOL/SETTING VISIT

(to be distributed with an information sheet giving full details of the visit)

NATURE OF VISIT – Sherwood Forest – 1	3/03/2023 -	17/03/2023
---------------------------------------	--------------------	------------

1. 2.	Details of visit to: Sherwood Forest						
	From:	Date/Time:	To:		Date/Time:		
	I agree to information sheet. I the need for him/her	agree to my child's	participatio				9
2. Me	edical information a	bout your child					
a. If YES	Any condition requi					YES/NO	
b.	Please outline any s	special dietary requ	irements of	your child	(not preferer	nces). –	
For re	esidential visits and	exchanges only				-	
C.	To the best of your or infectious diseas contagious or infections	es or suffered from		the last fo			
If YES	S, please give brief de	etails:					
	Is your son/daughte S, please specify:	er allergic to any me	edication?		YES 🗆	NO □	







e.	vvnen did your son/daughter last have a tetanus injection?

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

2. Declaration

I agree to my son/daughter receiving medication as instructed or 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 limitation of the insurance cover provided.

Contact telephone numbers:		
Work:	Home:	
Home address:		
Alternative emergency contact:		
Name:	Telephone number:	
Address:		
Name of family doctor:	Telephone number:	
Address:		
Signed:	Date:	
Full name (capitals):		

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

