

Parental Consent Form - Category A Visits
CONFIDENTIAL

To be completed by the Visit Leader:

Please return to: Mrs Rounce (Visit Leader)
Tel No: 01493 369283

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit: Norwich Castle
Thursday 1st December
Method of travel: Coach – Our Hire

To be completed by the Parent/Guardian

I am willing for my child _____ Class

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward 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.

Emergency Contact Details: Name of parent(s)/guardian(s):

(i) _____ Tel:

(ii) _____ Tel:

I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Guardian:

(if participant is under 18)

Signature of Participant:

Should there be any amendments to this information after it has been handed in, please contact the Visit Leader immediately.