

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year & Tutor Group: \_\_\_\_\_

Visit to: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Times of Trip: \_\_\_\_\_

Child's Doctor's name, address and telephone number:

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

**Medical conditions and/or current medication including dietary issues such as gluten intolerance, lactose intolerance, vegetarian, etc :**

(where appropriate include details of the medication and dosage)

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

I have received and read details of the above trip/visit.

I consent to my child taking part in the visit and activities indicated and agree that data may be shared with relevant parties in accordance with the School's Privacy Notice. I acknowledge that staff will be liable in the event of an accident only if they failed to take reasonable care of my child during the visit.

I understand that all school rules and expectations will apply during the trip and that any serious breach of these could result in me being responsible for arranging for my child to return home or to collect them myself. I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

I accept that, in respect of any withdrawal from the trip/visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance.

**Emergency Contact details (1):**

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

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

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent/Carer)

**Emergency Contact details (2):**

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

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

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_