

IPSWICH ACADEMY – EDUCATIONAL VISITS PARENT/CARER CONSENT FORM

NAME OF CHILD: _____ **DATE OF BIRTH:** _____

SCHOOL: IPSWICH ACADEMY

VISIT(S) TO: _____

DATE(S) OF VISIT(S): _____

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's Doctor's name and address is: _____

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

Alternative Contact if required

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child which accompanying staff should be aware of. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

