

# PARENTAL CONSENT FOR A VISIT

## Including consent form for swimming activities or activities where being able to swim is essential

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

1. **Details of visit to:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

I agree to \_\_\_\_\_ (name) taking part in this visit and have read the information sheet. I agree to \_\_\_\_\_ 's participation in the activities described, including swimming. I acknowledge the need for them to behave responsibly.

### 2. **Medical information about your child**

(a) Any conditions requiring medical treatment, including medication?      Yes       No

Please give brief details of the condition below:

If your child requires medication, a parental consent form (Form 5) must also be completed.

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(b) Please outline any special dietary requirements of your child:

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(c) Date of birth: \_\_\_\_\_

### **For residential visits and exchanges only**

(d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?      Yes       No

If YES, please give brief details: \_\_\_\_\_

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(e) Is your son/daughter allergic to any medication?      Yes       No

If YES, please give brief details: \_\_\_\_\_

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(f) Can your child swim? Yes  No

How far can your child swim? \_\_\_\_\_

Is your child water confident in a pool? Yes  No

Is your child safety conscious in water? Yes  No

I confirm that my child is in good health and I consider him/her fit to participate. **Please sign here:** \_\_\_\_\_

(g) When 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.

### 3. Declaration

I agree to my son/daughter 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 understand the extent and limitations of the insurance cover provided.

#### Contact information:

Work telephone number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_

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 Group Leader on the visit. A copy should be retained by the school/youth club contact.**