Form PC/B

Personal information and Parental Consent Form - Category B Visits

To be completed by the Visit Leader:

Please return to: Mrs R. Bunkle: (Visit Leader) – via the office - Tel No: 01362 693876

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

Group: Dereham Church of England Junior Academy Place of visit : Horstead Centre

Day & date of departure: Monday 21st May 208 Time: 11.00

Day & date of return Wednesday 23rd May 2018 Time: Approx 14.00

List of activities to be undertaken: Canoeing, Archery, Tower Experience, Bushcraft and Low ropes challenge (please see the Horstead Centre website for full details)

Method of travel: Coach (seat belts fitted as standard?) : Yes

To be completed by Parent/Carers (please use block capitals)

Young person's full name: _____

Date of birth: ____/____/_____

Class: _____

Home address:

_____

_____Post code: _____

Main telephone no :

_____

Name of parent(s)/carers(s):

(i) _____ Relationship: _____

(ii) _____ Relationship: _____

Addresses of parent(s)/carer(s) and/or other contact persons:

(i) _____

_____Tel. no. _____

(ii) _____

_____ Tel. no. _____

Doctor's name :
_____

Doctor's Tel. no:_____ National Health No.: _____

Date of last known tetanus injection (if known):

Please give details of any recent illnesses:

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

- I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.
- I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor DNEAT, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of DNEAT, its employees or official volunteers.
- I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only)
- 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.
- I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Carer:
_____
(if participant is under 18)

Signature of Participant::
_____
Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

Copies must be carried securely by the Visit Leader or group supervisor.