

**Personal information and Parental Consent Form - Category B Visits****To be completed by the Visit Leader:**

Please return to: Mr N. Wade: (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: Norfolk Lakes

Day & date of departure: Monday 3<sup>rd</sup> June 2019 Time: 09.00

Day & date of return: Wednesday 5<sup>th</sup> June 2019 Time: Approx 15.00

List of activities to be undertaken: See Itinerary enclosed

Method of travel: Coach and minibus (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 Norfolk County Council, 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 Norfolk County Council, 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.