

CONSENT FORM FOR SCHOOL VISIT

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

School/Group: Osbaldwick Primary School – Reception RMH16

Details of visit to: The National Railway Museum, York

Date: Friday, 24 March 2017

Child's Name (*in capitals*) _____ **Class** _____

I agree to my child taking part in this visit and have read the information sheet.

I agree to my child's participation in the activities described.

I acknowledge the need for her/him to behave responsibly.

1. Medical information about your child

Name of Doctor _____ Tel. No: _____

a. Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

2. Declaration

I agree to my child 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.

3. I give permission for my child to be photographed

4. I enclose £2.50 to cover the cost of this visit cheques made payable to Osbaldwick School

Signed: _____ Parent/Carer Date: _____

Full name (*in capitals*): _____

Contact Number: _____

**THIS FORM, OR A COPY, MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**