

# Parent/Carer Consent; Non-routine visits FORM 2

Visit/activity: Icelandic adventure for geographers

Venue: Iceland

Date(s): October 2016

Your child's name  
(as on their  
passport):

Form/Class (if relevant)

## Medical and dietary:

a) Does your child have any medical, physical or behavioural condition that may affect him/her during the visit? YES/NO

If YES, please give details (including medication taken and times):

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b) Please give details of any allergies (including allergy to medication):

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c) Please list any types of non-prescription medication or lotions your child may not be given:

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d) Please give details of any special dietary requirements for your child:

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e) Please detail any recent illness or accident suffered by your child that staff should be aware of

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f) To the best of your knowledge, has your child been in contact with any contagious or infectious disease 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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h) When did your child last have a tetanus injection? \_\_\_\_\_

i) Please indicate your child's swimming ability:

Cannot swim       Able to swim a little in a swimming pool

Able to swim confidently in a swimming pool

Able to swim confidently outdoors (eg in a lake, river or sea)

**Your contact details:**

Telephone Home: ..... Work: ..... Mobile: .....

Home address: .....

**Alternative emergency contact:**

Name: ..... Telephone: .....

Address: .....

**Family doctor:**

Name: ..... Telephone: .....

Address: .....

**Declaration:**

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
- In an emergency I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school/establishment may use activity images for promotional or publicity purposes.
- I understand the extent and limitations of the insurance cover provided.

**Full name of parent/carer (PLEASE PRINT):**

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**Signed:** ..... **Date:** .....

**TO BE COMPLETED BY PARTICIPANT:**

I understand that for the safety of the group and myself I will undertake to obey the rules and instructions of members of staff.

**Signed:** ..... **Date:** .....