

# EV4 – Consent Form for Educational Visits - Student



Dear Parent / Carer,

Please complete and return the form below that relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your child to take part in this activity.

<b>Activity</b>	<b>Location</b>	<b>Date</b>	
<b>Surname</b>	<b>Forename(s)</b>	<b>Date of Birth</b>	<b>Gender</b>
<b>Any Special Religious Needs</b>		<b>Any Dietary Requirements</b>	

<b>Next of Kin</b>	<b>Relationship</b>		<b>Alternative contact details during activity (if different)</b>
<b>Home Address</b> (including postcode)	<b>Home Telephone</b>	<b>Mobile Telephone</b>	
	<b>Email</b>		

<b>NHS Number</b>	<b>Doctor's Surgery / Practice</b>
<b>Doctor's Name</b>	<b>Doctor's Address</b> (including Postcode)
<b>Doctor's Telephone Number</b>	

**Health Questionnaires**  
If you currently, or have ever, suffered from any of the conditions listed below you are to give full details on the reverse of this form in the section titled "Health Declaration"  
Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above.

**Declaration**  
I understand that my child should arrive for the activity/ visit sufficiently prepared and able to take part. I have declared all medical matters that may affect their participation. I will inform the visit leader of any additional medical matter that may occur after signing this form.  
I give full consent for my child to participate in the activity detailed above. I understand that they will be representing the school and, as such, must show high standards of behaviour and attitude. Permission is given to participate in all appropriate activities.

**Name in BLOCK Letters** (parent / carer):  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

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## Health Declaration

Condition Declared:

## Medication

Name	Dosage & Frequency	Storage Requirements

How are you affected by the condition?

Has advice been sought from a healthcare professional about the condition?  
If yes, give details of advice given:

Additional information/comments regarding the management of the condition:

## Water Based Activities

Is your child able to swim 50 metres?

Is your child water confident with regard to the proposed activity?

Use this space to give details of anything that is relevant