

Consent Form

School Name: _____

Date: _____

I consent to my son/daughter* _____ (Name in full)

taking part in the educational visit to be held on _____

I confirm to the best of my knowledge that he/she* is medically fit to participate.

Please give details of:

1. Any current medical condition

2. Post Medical Condition (e.g. following a medical procedure or illness)

3. Any medication being taken

4. Any other relevant information which may affect his/her participation in the visit
(including allergy or dietary requirements)

5. Emergency contact numbers:

i) Name (parent)	_____	Work:	_____
		Mobile:	_____
ii) Name (parent)	_____	Work:	_____
		Mobile:	_____
iii) Name (next of kin)	_____	Work:	_____
		Mobile:	_____

I accept the established code of conduct for the educational visit and agree to the arrangements relating to my son/daughter returning home from the visit due to unforeseen circumstances.

I agree to my son/daughter receiving emergency medical treatment, including anesthetic/blood transfusion, as considered necessary, by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed (Parent/Guardian) Date

The information on this form is requested for the purpose of organising an educational visit. The information is covered by the provisions of the Data Protection Act, 1998. Your signature to the form is deemed to be an authorisation by you to allow the school to process and retain the information for the purpose(s) stated.