

**PARENTAL AGREEMENT FOR EDUCATIONAL VISITS**

Establishment/Group:

Name of pupil/student:

Details of visit to:  Date of Birth:

Date(s) From:  To:  Year:

Time(s) From:  To:

Home Address:

I agree to \_\_\_\_\_ (name) taking part in this visit and have read the information sheet. I agree to his / her participation in the activities described. I acknowledge the need for him / her to behave in a responsible manner.

**Medical information about your child**

Any condition requiring medical treatment, including medication?

If yes, please give brief details

Any known allergy to medicine (e.g. penicillin) or other factors (e.g. animals)

Name, address and telephone number of your family doctor

Please give details of any special diets e.g. vegetarian/diabetic/no specific 'E' numbers etc.

Can your child swim 25 metres?

**(Being unable to swim will not necessarily prevent your child from taking part in a water-based activity)**

I will inform the Group Leader/Head of Establishment as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

**I GIVE MY PERMISSION FOR CALPOL TO BE ADMINISTERED TO MY CHILD SHOULD THE NEED ARISE. PLEASE CIRCLE: YES / NO**

**Insurance Information** : Midlothian Council provides public liability cover and travel cover for approved educational visits. *The planned visit will take place according to the Midlothian Council's Off-Site Visits Policy. A copy of the policy is available for inspection from the Group Leader or on the Council website. The visit has been risk assessed and every effort will be made to minimise risk. Nonetheless, a totally risk free environment is unrealistic and in signing the parental consent form, you are asked to acknowledge that a degree of residual risk remains. It is not anticipated that risks will exceed those incurred in normal day to day living.*

**Declaration**

I agree to my son/daughter 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 limitation of the insurance cover provided.

**OR**

I give permission for my child to receive emergency medical treatment/anaesthetic as considered necessary by the medical authorities present, with the exception of the administration of blood or blood products. I accept full legal responsibility for this decision and release Midlothian Council and its staff from any liability for any consequences resulting from this decision.

**Contact name and telephone numbers**

Name ..... Home.....Work.....  
Mobile.....

**Alternative contact name and telephone number (e.g. grandparent/neighbour)** Name .....

Tel No ..... Relationship to pupil .....

Signed \_\_\_\_\_ (Parent/Carer) Date \_\_\_\_\_