

PARENTAL CONSENT FORM FOR EDUCATIONAL DAY VISITS

Name of Student: _____	Year: _____
Review Group: _____	Saint Group: _____
Date of Birth: _____	

I hereby consent to the attendance of my child on all school visits with no overnight stay for the current school year. Separate consent forms will be required for Residential visits.

I consent to the giving of any urgent medical or surgical treatment to my child, which is considered necessary during the school visit.

Please give details below of any **allergies or medical conditions** which the trip leader should be aware of.

I understand that it is my responsibility to update the school with any changes to medical conditions/ allergies and contact details.

Name of parent (please print clearly): _____
Signature of parent: _____
Address: _____
Home Tel No: _____ Work tel no: _____
Mobile Phone: _____

It is important that you supply a second emergency contact if we cannot contact you, in case of illness or a problem:

Contact Name: _____ **Relationship:** _____

Contact Tel No: _____