

Parental Consent Form - Category A Visits

To be completed by the Visit Leader:

Please return to : _____ (Visit Leader) Tel No: **01692 402581**

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: _____ Place of visit: _____

Date: _____

Method of travel: _____ (seat belts fitted as standard Yes/No)

To be completed by the Parent/Guardian

I am willing for my child _____ Form _____

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward 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 limitations of the insurance cover provided.

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.