

Name: _____

Male / Female

**FORM 'C'
CHESHIRE WEST & CHESTER COUNCIL****PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT****To be distributed with an information sheet giving full details of the visit**

Establishment/Group: Rivacre Valley Primary School: Year 6 educational visit to London 2025

Details of Visit to: London

From: Date 20th May 2025 Time: 8:30am To: Date 23rd May 2025 Time: 3:00pm

I agree to _____ (name taking part in this visit)

I have read the information sheet I agree to _____ 's participation in the activities described.

I acknowledge the need for.....to behave responsibly throughout the visit.

1. Medical information about your child

- a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

- b) Please outline any food or other allergies and special dietary requirements of your child:

- c) Any recent illness or accident staff should be aware of?

- d) The type of pain/flu relief medication your child may be given if necessary:

For residential visits and exchanges only

- e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES/NO
If YES, please give brief details:

- f) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

- g) When did your son/daughter last have a tetanus injection:

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 limitations of the insurance cover provided.

Contact telephone numbers:

Mobile / Work: Home:

Home address:

Email address:

Alternative emergency contact:

Name:..... Telephone number:

Address:

Email address:

Name of family doctor: Telephone number:

Address:

.....

Signed: Date:

Full name (capitals):

Signed: Date:

Full name (capitals):

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT