



THE BUCKINGHAM SCHOOL

A SPECIALIST SPORTS COLLEGE

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EV8 - PARENTAL CONSENT FORM – DAY VISIT

DETAILS OF VISIT: (PLEASE COMPLETE ALL DETAILS IN EACH BOX)

Visit to: _____ Subject: _____

From (Date/Time): _____ To (Date/Time): _____

I agree to my child (name) _____ taking part in the abovementioned visit, and having read the information sheet, agree to his/her participation in the activities described. I fully support the School Code of Conduct for Trips and Visits.

MEDICAL INFORMATION ABOUT YOUR CHILD

- a) Does your son/daughter suffer from any condition requiring medical treatment or medication?
If YES, please list: _____ **YES / NO**
- b) 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 or become contagious or infectious?
If YES, please list: _____ **YES / NO**
- c) Is your son/daughter allergic to any medication or treatment?
If YES, please list: _____ **YES / NO**
- d) Has your son/daughter received a tetanus injection in the last five years? **YES / NO**
- e) Does your child have any special dietary requirements? **YES / NO**

CONSENT TO TAKE PHOTOGRAPHS DURING THE TRIP:

I consent that at some point during this trip a photograph including my child will be taken to be used for public relations by the school, i.e.: School Bulletin; School website etc.

Signed: (Parent/Carer): _____ Date: _____

DECLARATION:

To the best of my knowledge, my child is not suffering from any medical condition that makes him/her unfit to participate in this visit or the activities described.

I agree to my child receiving medical treatment including prescribed medication (details attached) or non-prescribed medication as instructed by qualified members of staff and any urgent dental, medical or surgical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I undertake to inform the Party Leader / Headteacher in writing as soon as possible of any changes in the medical circumstances between the date signed and the commencement of the visit. I understand the extent and limitations of the insurance cover provided.

Signed: (Parent/Carer): _____ Date: _____

Name: _____

Mobile: _____ Work: _____ Home: _____

Next contact: _____ Relationship to child: _____

Mobile: _____ Work: _____ Home: _____

The Buckingham School is concerned that every student should have the opportunity to attend school activities/obtain equipment, regardless of their financial circumstances. As such, it may be possible to subsidise those students who would otherwise be unable to attend trips/purchase items. Please feel free to write in confidence to Mrs S Gallagher or Mrs K Bones at office@buckinghamschool.org, if you wish to seek assistance, or obtain more information about Pupil Premium funding.

