



Hickling Infant School

Parental Consent Form – Level 2 Visits CONFIDENTIAL

To be completed by the Visit Leader:

Please return to: Gayle Edwards (Visit Leader)

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: Whole School

Place of visit: Sea Palling (19th July)

Method of travel: Coach

Doctor's name : _____

Doctor's Tel. no: _____ National Health No.(if known): _____

Date of last known tetanus injection (if known):

Please give details of any recent illnesses:

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. heart conditions, asthma phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

Copies must be carried securely by the Visit Leader or group supervisor.