



Eggar's School

UK Educational Day Visit Consent Form for

Please enter name of venue

Personal Details

Child's Name: _____ Tutor Group: _____

Date of Birth: _____ Age: _____ Male/Female: _____

Address: _____

_____ Post Code: _____

I confirm I have parental responsibility for the above-named child.

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in the letter.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Any additional information: please declare any medical condition and any medication which he/she is receiving:

I understand if my son/daughter has any medical conditions i.e. allergies, asthma, diabetes, they MUST carry their medication and will be asked to show it to the Trip Leader before departure. I understand he/she will not be able to go on the trip without their medication.

Signed: _____ Print name: _____

Home Tel: _____

Work Tel: _____

Mobile: _____