



## PERSONAL INFORMATION AND PARENTAL CONSENT FORM

This information is provided to the Visit Leader, who will only divulge information to other teachers, members of staff and supervisory adults accompanying the group and involved in the Education Visit/School Journey as necessary, for the safety of pupils.

### To be completed by the Visit Leader:

Group:

Venue:

Date:

### To be completed by the Parent/Guardian/Carer:

Student name: \_\_\_\_\_ Form: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home address (including postcode): \_\_\_\_\_  
\_\_\_\_\_

Names of Parent(s)/Carer(s)

(i) \_\_\_\_\_ Relationship \_\_\_\_\_

(ii) \_\_\_\_\_ Relationship \_\_\_\_\_

Addresses of Parent(s)/Carer(s)

(i) \_\_\_\_\_ Tel no: \_\_\_\_\_

(ii) \_\_\_\_\_ Tel no: \_\_\_\_\_

National Health No: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Tel no: \_\_\_\_\_

Practice address: \_\_\_\_\_

Name and dosage of any medication currently being taken: \_\_\_\_\_  
\_\_\_\_\_

Please indicate allergies to foods, medicines, etc...:

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Date of last known anti-tetanus injection: \_\_\_\_\_

Please indicate any foods not eaten for religious or health reasons:

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Please provide any other information which may be useful in an emergency, or which you feel the Visit Leader should know, eg phobias, epilepsy, hyperventilation, sleepwalking, diabetes, asthma, travel sickness, etc...

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- I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in any or all of the activities described.
- I understand that, while the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor Luton Borough Council, can necessarily be held liable in respect of loss of or damage to property or injury suffered by my child arising out of the education visit/journey, unless such loss, damage or injury results from the negligence of Luton Borough Council, its employees or official volunteers.
- I give/do not give\* permission for my child to receive pain relieving medication when appropriate (one dosage of paracetamol). \* Please delete as appropriate.
- 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Carer)

**THIS FORM OR A COPY MUST BE TAKEN ON THE TRIP BY THE VISIT LEADER.**

**A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**