

Parental Consent and Medical Form for Doves Local Visits

School	Chester le St CE Day Care
Visit to/Venue	Local Visits
Activities	Exploring the local environment
Pupil Name	
Date of Birth	

1. General consent and indemnity (please tick)	Yes	No
I am aware that my child may leave the school site to undertake a local area visit in a pushchair. This is an opportunity for my child to explore the world around them as part of the Early Years Foundation Stage curriculum. I understand the purpose and nature of the visit. I understand that during the visit the group will be under the supervision of a suitably qualified and experienced member of staff.		

2. Medical Information about your child (please tick)	Yes	No
I agree to my child receiving First Aid, 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 will inform Miss Page as soon as possible of any changes in my child's medical information or other circumstances.		

Please list any medical conditions or prescribed medication you want the school to be aware of. (In special circumstances you may wish to talk to Miss Page). List all medical needs:

3. Signature of parent/guardian.

I am therefore willing to allow my child to take part in the proposed visit.

Name (capitals):	
Signature:	
Relationship to Young Person:	
Date:	

Emergency Contact Number:	
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