

**Dronfield Henry Fanshawe School,**  
Green Lane, Dronfield, Derbyshire, S18 2FZ Tel: (01246) 412372

**Consent for Off-Site Educational Visits 2019-2020**

Full Name		Year		Mentor Group	
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I agree to my child taking part in educational visits arranged by DHFS. The school will provide information relating to any off-site activity prior to the visit. I agree to my child's participation in the activities involved and I acknowledge the need for my child to behave responsibly on any off-site visit.

**Medical Information**

Does your child have a medical condition that requires treatment, including medication? YES / NO

If YES, please give brief details of the condition below. If your child requires medication, a parental consent form (Form 5) must be completed. A copy of that form is attached to this document.

Does your child have any special dietary requirements? YES / NO

If YES, please give details below.

When did your child last have a tetanus injection?

Month

Year

**Residential Visits**

Is your child allergic to any medication? YES / NO

If YES, please give brief details:

Can your child swim? YES / NO      How far can your child swim? \_\_\_\_\_ metres  
Is your child water confident in a pool? YES / NO      Is your child safety conscious in water? YES / NO

I confirm that my child is in good health, **AND**

I consider my child fit to participate in swimming **OR**  I DO NOT wish my child to participate in

*(please select one of the above sentences, as appropriate)*

swimming.

**Declaration** (please tick all relevant boxes)

- I agree to my child receiving medication as instructed and 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 (*a copy of the insurance schedule is available on request*)
- I agree that any photos taken by supervising staff during this visit, where my child is featured, may be used by the school on its website and school magazine for publicising this visit.
- I will inform the school if there are any changes in my child's medical circumstances
- I have ticked the appropriate box regarding my consent to swimming.

Signed		Your Full Name	
Relationship to Child		Date	

**Emergency Contact Details** (please provide TWO emergency contacts where possible)

Full Name		Relationship to Child	
Home Address			
Telephone (please tick primary number)	Mobile		
	Work		
	Home		
Email Address			

Full Name		Relationship to Child	
Home Address (if different to above)			
Telephone (please tick primary number)	Mobile		
	Work		
	Home		
Email Address			

Family Doctor / Surgery		Telephone	
Address			

**THIS FORM WILL BE DESTROYED AT THE END OF JULY 2020**

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