



Perschore High School

SCHOOL VISITS CONSENT FORM

Student Name		Tutor Group		DOB	
---------------------	--	--------------------	--	------------	--

Visit to	
-----------------	--

Dates From:		To:	
--------------------	--	------------	--

I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified practitioner.

The school insurance covers:

Personal accident, loss of personal possessions, medical expenses and the cost to parents of visiting their children if they are detained in hospital away from home.

The school cannot accept responsibility for:

Accidents or injury to students or for loss of or damage to personal effects, unless caused by the negligence of the school or any members of its staff.

Telephone numbers – please include dialling codes	
Mobile	
Work	
Home	

If your contact details will be different from the ones we hold in school whilst we are away please give details of where you will be should we need to contact you in an emergency:

Any changes to medical/ medication information held on school system	
Any dietary requirements	
Any activities your son/daughter should not participate in	
Travel sickness?	

I have received full information and agree to my child's participation in all outlined activities.

Signed: _____ Date: _____
(Parent/Guardian)