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Principal: Mrs J Kingswood, B.Ed.(Hons), MA, NPQH

Form 4 Parental Consent for a Visit

Name _____ Year _____ Form _____

(To be distributed with information sheet giving full details of the visit)

1. Visit to:

From: Date _____ Time _____ to: Date _____ Time _____

I agree to _____ (name) taking part in this visit and have read the information sheet. I agree to _____'s participation in the activities described, including swimming. I acknowledge the need for them to behave responsibly, as per code of conduct for visits.

2. Medical information about your child:

a) Please tell us here of any medical conditions your child has (include all conditions whether they require medication or not). The attached form 5 must be completed if your child requires medication.

b) Please outline any special dietary requirements of your child:

c) Is your child allergic to any medication? YES/NO

If yes please give brief details:

d) When did your child last have a tetanus injection? _____

e) Can your child swim? YES/NO

How far can your child swim? _____

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 him/her fit to participate:

_____ (please sign here)



For Residential Visits and Exchanges Only

f) To the best of your knowledge has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If Yes please give details:

I will inform the Group Leader/Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

3. Declaration

I agree to my child 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.

Contact Information:

Name: _____ Relationship to child _____

 Home _____ Mobile _____ Work _____

Home address _____

Alternative Emergency Contact:

Name: _____ Relationship to child _____

 Home _____ Mobile _____ Work _____

Home address _____

Name of Family Doctor: _____ Telephone number _____

Address _____

Signed _____

Date _____

Full Name (Capitals): _____

This form, or a copy, must be taken by the Group Leader on the visit. A copy of all information given will be retained by the school.