

FULFORD SCHOOL

Consent Form To Attend An External Course Or Visit

Place of Course/Visit: Winmarleigh

Date of Course/Visit: 3<sup>rd</sup> - 5<sup>th</sup> October 2014

Name of Pupil \_\_\_\_\_ Form \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone numbers where parents may be contacted:

Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Dietary Requirements

\_\_\_\_\_

Medical Information

You provided medical information at the beginning of the School Year. Please indicate below if these details have changed.

\_\_\_\_\_

Date of last Tetanus injection \_\_\_\_\_

\*I do / do not consent to my son/daughter ..... attending the course or visit. I am satisfied that he/she is fit to attend the course/visit. I acknowledge the need for good conduct and responsible behaviour on his/her part.

\* I agree / do not agree to my son/daughter being photographed during the visit.

I agree, unless otherwise indicated, to any emergency medical treatment necessary during the course of the visit and understand this to include any emergency first-aid treatment by the qualified staff involved.

Signed.....  
(Parent/Guardian)

Date .....

\* delete as appropriate