

Castle View Primary School - Parent/Guardian Consent for an Educational Visit

I agree to (pupil's name) taking part in this event at The Manchester Arena on Tuesday 12th February 2019.

I acknowledge the need for my child to behave responsibly throughout the visit.

Please complete all sections below:

1. Has your child had a tetanus injection within the past five years if possible please give date.

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2. Does your child have any medical conditions requiring medication whilst on the visit.
Yes / No *If yes please give details below*

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3. Does your child suffer from an allergic reaction?
Yes / No *If yes please give details below*

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4. Does your child suffer from any food allergies?
Yes / No *If yes please give details below*

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5. Is there any other information that school should be aware of.

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I give permission for my child to be filmed and have their photograph taken at this event as there may be media interest both locally and nationally.

Signed

Address:

Tel No: Home Mobile Work

If we are unable to contact you on the above numbers please give an alternative emergency number

Name, Address and telephone number of your family doctor:

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