

# Stanley Park High School



## School Visit Form

School/Group \_\_\_\_\_

Details of visit to: \_\_\_\_\_ Date from \_\_\_\_\_ to \_\_\_\_\_

I agree to \_\_\_\_\_ (name)

taking part in this visit and have read the information sheet. S/he is allowed to participate in all / or \_\_\_\_\_ activities described. I acknowledge that s/he must behave responsibly.

**Medical and dietary information:** Are there any conditions requiring medical treatment, including medication YES/NO

If YES, please give details \_\_\_\_\_

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Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary: \_\_\_\_\_

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**For residential trips and exchanges only:** 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/infectious YES/NO

If YES, please give details \_\_\_\_\_

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Is your child allergic to any medication? YES/NO

If YES, please give details \_\_\_\_\_

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When did your child last have a tetanus injection? \_\_\_\_\_

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

**For private transport only:** I agree to my child being transported in a teacher / school staff member or parents car. My child will wear a seatbelt at all times.

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## School Visit Form

### 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 telephone numbers

Work \_\_\_\_\_ Home \_\_\_\_\_

Home address \_\_\_\_\_

### Alternative emergency contact

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

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 should be retained by the school emergency contact.