

### Shimna Integrated College Parental Consent Form

*(To be distributed to parents with an information sheet giving full details of the visit)*

I consent to my daughter/son \_\_\_\_\_ (Name in full)

I confirm that he/she\* is medically fit to participate. *\*(delete as appropriate)*

Please give details of:

1. Any current medical condition/any medication being taken

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2. Any other relevant information which may affect his/her participation in the visit  
(including allergy or dietary requirements)

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3. Is your son/daughter allergic to any medication? Yes/No

If yes please specify: \_\_\_\_\_

4. When did your son/daughter last have a tetanus injection? \_\_\_\_\_

5. Emergency contact numbers & names:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

I accept the established code of conduct for the educational visit and agree to the arrangements (including costs) relating to my son/daughter being sent home early from the visit.

I agree to my son/daughter receiving emergency medical treatment, including anesthetic, as considered necessary, by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed \_\_\_\_\_ (Parent/Guardian)

Date \_\_\_\_\_

*(Without parent/guardian permission we are unable to allow your child to participate in the activity)*

***A copy of this form must be taken on the visit by the teacher in charge in case of an emergency. A copy should also be retained in the risk assessment filed in the college office.***