FULFORD SCHOOL

**Consent Form To Attend An External Course Or Visit**

Place of Visit: Practise Walk – HAXBY

Expedition: - North York Moors (Roseberry topping, Commondale, DanbyHotel, Hotel

Date of Visit: Practise Walk – 2nd of April / 3rd of April

 Expedition: - 7th-8th of May / 14th-15th May

 Delete as appropriate

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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......................................................................................... Date ...............................................

 (Parent/Carer)

\* delete as appropriate