

**Recreation Road Infant School
PARENTAL CONSENT FOR A SCHOOL VISIT**

NAME OF CHILD:

1	Visit to:	NORWICH THEATRE ROYAL	
	Date:	WEDNESDAY 13 JANUARY 2010	Time: MORNING
I agree to my child taking part in this visit and have read the information sheet. I agree to my child's participation in the activities described.			

2	Medical information about my child		
a)	Does your child have any medical conditions of which the school needs to be aware, eg asthma, eczema, allergies, phobias, travel sickness etc.? If YES, please give brief details together with a note of any medication used.	YES/NO	
b)	Does your child have any disability? If YES, please give brief details.	YES/NO	
c)	Is your child allergic to any medication? If YES, please specify.	YES/NO	
d)	Please give the date your child last had a tetanus injection.		
e)	I will inform the Headteacher, in writing , of any changes in the medical or other circumstances between now and the date of the visit.		

Contact telephone numbers:	
Work:	Home:
Home address:	
Alternative emergency contact:	
Name:	Phone:
Address:	
Name of family doctor:	Telephone number:
Address of surgery:	

Declaration I agree to my child receiving medication as instructed above and any treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities in an emergency.

Signed:	
Date:	Full name (capitals)

I enclose £5.50 towards the cost of the visit. (Please make cheque payable to Recreation Road infant School)

**THE GROUP LEADER WILL TAKE A COPY OF THIS FORM ON THE VISIT.
A COPY WILL BE RETAINED IN SCHOOL.**