



FORM OV 7A (CSF4258)

EVENT-SPECIFIC PARENTAL CONSENT FORM

(This form should be amended as required to make it best fit for each specific event or purpose for which it is to be used.)

**Establishment: The Thomas Alleyne Academy [116]
High Street Stevenage Herts SG1 3BE**

Tel: 01438 344344 Fax: 01438 344340

Email: admin@tas.herts.sch.uk

To be completed by group leader/organiser

Visit:	Verona, Italy		
Group Leader:	Mr A. Smith		
Date of Visit:	From: 16 th July 2018	To:	19 th July 2018
Is a photograph of participant required:	Yes		

To be completed by the parent/adult responsible for a child/young person - please ensure ALL sections of this form are completed to avoid delays in processing.

YOUNG PERSON'S NAME (THIS NAME MUST BE IDENTICAL TO THE NAME ISSUED ON YOUR CHILD'S PASSPORT):

Date of Birth:

Passport No. (compulsory information)

Does the above person:

- Have a medical condition requiring medical treatment or medication? Y/N
- Have an allergy to certain medications? Y/N
- Is he/she able to administer his/her own medication? Y/N

Please give details of medical condition/treatments or allergies to medications below:

Has he/she received a tetanus injection in the last 5 years? Y/N

Has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? Y/N

Has he/she had any medical procedures or interventions which may inhibit him/her participating in visit (e.g. recent breakages, in a cast, etc)

If yes, give details:

Does he/she have any special dietary requirements? Y/N

If yes, give details:

I wish to draw the following to the group leader's attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):

SWIMMING ABILITY

I confirm that (name) is / is not* water confident and able to swim 25 metres.

* (Delete as applicable)

EMERGENCY CONTACT INFORMATION

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day:	
	Evening:	
	Other:	

FAMILY DOCTOR DETAILS

Name:
Address:

Telephone Numbers:
Child / Young Person's NHS number

DECLARATION: I have received and understood the details of the visit.

I agree that (full name of child/young person).....

- can participate in the visit and activities described;
- can be transported in the private vehicles of staff/volunteers supervising the visit;
- may be photographed whilst participating in the activities – Yes / No*
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary.

I undertake to inform the group leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.

Signed:	Name in Capitals:
Relationship	Date:
Address:	
Postcode:	
Telephone No:	
A passport sized photograph has been attached	Yes / No

**The information on this form should be retained by the emergency contact.
A copy may be taken by the group leader on the visit.**

The declaration on this form must be signed by someone with parental responsibility for the child/young person.