

**NORTHAMPTONSHIRE COUNTY COUNCIL****Off-Site Visit Parental Consent Form Confidential Information**

Information given on this form will not prejudice the inclusion of your child on the trip. It is very important you complete this form accurately in the interests of your child's safety.

**Child's Full Name****Ecton Brook Primary School****Class****Age of child at time of trip****Years****Months****Place of Trip****Frontier Centre****From****04.3.2026****to****06.3.2026****CONTACT INFORMATION**

Please complete the below sections fully should we need to contact you.

**Parents/Guardians' Name****Second contact Name**

Address

Address

Telephone

Telephone

Mobile

Mobile

Work

Work

Home

Home

**DIET NEEDS**

Does your child have a special diet? Yes/No

If yes please list all details

**MEDICATION DETAILS**

Does your child have any condition needing medical treatment, including medication? Please give details.

**IMMUNISATION**

Is your child vaccinated against Tetanus

Yes/No

Date of Injection

Booster

Please give details of any other relevant vaccinations

If your child has recently been exposed to any infectious diseases s/he should be examined by a doctor and a letter of fitness to take part must be issued.

**Has your child suffered from the following?**

Asthma or bronchitis

Yes/No

Recent Fracture or ligament fracture

Yes/No

Heart Condition

Yes/No

Fits, fainting or blackouts

Yes/No

Severe headaches or migraines

Yes/No

Diabetes

Yes/No

Haemophilia

Yes/No

Sleep walking

Yes/No

Any Allergies

Yes/No

Any other illness or disabilities

Yes/No

(please attach details)

Please give your family doctor's Name, address and telephone number:

My child can be given paracetamol YES/NO

I would like my child to take part in the above mentioned visit.

I have discussed the need for my child to listen to adults and follow instructions carefully to ensure his/her safety, and the safety of others, at all times. I shall tell my child to wear a seatbelt whilst travelling by motor vehicle & to abide by any other safety instructions & behavioural requirements.

**Signed:****Father/Mother/Legal Guardian**

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