

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 (please attach details)	Yes/No

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**

