

FULL DETAILS WILL BE GIVEN OUT  
NEARER THE TIME.

Form PC/B

**Personal information and Parental Consent Form - Category B Visits**

**To be completed by the Visit Leader:**

Please return to: MRS ROBINSON (Visit Leader) Tel No: 01603 254315

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: YEAR 7 Place of visit: ACTIVITIES WEEK

Day & date of departure: 15<sup>th</sup> JUNE Time: —

Day & date of return: 19<sup>th</sup> JUNE Time: —

List of activities to be undertaken: NORWICH CASTLE MUSEUM,  
BANHAM ZOO, ECO-TECH CENTRE, SWAFFHAM

Method of travel: SANDERS COACHES (seat belts fitted as standard  Yes/ No)

**To be completed by Parent/Guardian (please use block capitals)**

Young person's full name: \_\_\_\_\_ Date of birth:  / /

Home address: \_\_\_\_\_

Post code: \_\_\_\_\_

Main telephone no: \_\_\_\_\_

Name of parent(s)/guardian(s):

(i) \_\_\_\_\_ Relationship: \_\_\_\_\_

(ii) \_\_\_\_\_ Relationship: \_\_\_\_\_

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) \_\_\_\_\_

Tel. no. \_\_\_\_\_

(ii) \_\_\_\_\_

Tel. no. \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's Tel. no: \_\_\_\_\_ National Health No.(if known): \_\_\_\_\_

Date of last known tetanus injection (if known): \_\_\_\_\_

Please give details of any recent illnesses:
Please give name and dosage of any medications currently being taken:
Please tell us about any allergies, e.g., medicines, food, bee stings, etc.
Please tell us about any food not eaten for religious or health reasons:
Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc.
<p>I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.</p> <p>I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.</p> <p>I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only). * please delete as appropriate</p> <p>I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p> <p>I understand the extent and limitations of the insurance cover provided.</p> <p>Signature of Parent / Guardian: _____ (if participant is under 18)</p> <p>Signature of Participant: _____</p> <p>Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.</p>

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

**Copies must be carried securely by the Visit Leader or group supervisor.**

NCC JULY 2004