



**WESTFIELD PRIMARY SCHOOL**  
**Parental Consent & Medical Information Form**  
**for an educational visit or school journey**

**Year 6 Activity Week 8<sup>th</sup>-12<sup>th</sup> July 2024**

I wish my son/daughter \_\_\_\_\_ Date of Birth: \_\_\_\_\_

to be allowed to take part in the above mentioned school journey, and having read the trip letter agree to his/her taking part in all or any of the activities described therein.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

Please delete and complete the following as is appropriate: -

My child has **no illness, allergy or physical disability or learning/behavioural difficulties\***

**OR**     **the following illness, physical disability or learning/behavioural difficulties\***  
**\* Delete as applicable.**

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which necessitates the following medical treatment (continue overleaf if required)

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I consent to any emergency medical treatment necessary during the course of the visit.

**I consent/do not consent\*** to my son/daughter being given a mild painkiller (e.g. paracetamol) or antihistamine if considered necessary by the party leader.    **\* Delete as applicable.**

My child is water confident and can swim 25m    **Yes/No \*Delete as applicable**

My child **has/does not have\*** any dietary requirements (including food allergies/vegetarian).    **Delete as applicable**

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P.T.O.

GP's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Guardian

Name of parent/carer (please print name) \_\_\_\_\_

Address:	Home	Work
	_____	_____
	_____	_____
	_____	_____

Telephone No: _____	_____
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If not available at the above, please state an alternative contact:

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**I will be responsible for updating the school if the above information changes**