

## Form 'C'

To be distributed with an information sheet giving full details of the visit

Isle of Man  
Government

Reiltes Eilan Vannin

**Department Of Education, Sport and Culture**  
**Parent / Carer Consent For An Educational Visit**

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Government

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**F**ull name of student as on passport: \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
(PLEASE PRINT)

**S**chool/Group: \_\_\_\_\_ **QEII HIGH SCHOOL** \_\_\_\_\_

**D**etails of Visit to: \_\_\_\_\_

**F**rom: Date: \_\_\_\_\_ Time: \_\_\_\_\_ To: Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have read the information sheet. I agree to my son/daughter's participation in the activities described.

I acknowledge the need for my son/daughter to behave responsibly throughout the visit.

**1. Medical information about your child**

a) Any conditions requiring medical treatment, including medication? YES/NO  
If YES, please give brief details:

\_\_\_\_\_

b) Please outline any food allergies and/or special dietary requirements of your child:

\_\_\_\_\_

c) Any other allergies?

\_\_\_\_\_

d) Any recent illness or accident staff should be aware of?

\_\_\_\_\_

e) The type of pain/flu relief medication your child may be given if necessary:

\_\_\_\_\_

f) Any pre-existing medical conditions? YES/NO  
If YES, please give brief details. (If not disclosed, they will invalidate any insurance claim).

\_\_\_\_\_

\_\_\_\_\_

**For residential visits and exchanges only**

(It is advisable to have this form completed shortly before the visit, otherwise question f) will not be of use).

f) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If YES, please give brief details:

\_\_\_\_\_

g) Is your son/daughter allergic to any medication? YES/NO  
If YES, please specify:

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h) Date of your son/daughter's last tetanus injection?   
Month Year

This date must be completed in order to ensure your child's place on this trip.  
Please contact your doctor's surgery to request the date of your child's last tetanus injection. If it is over ten years you will need to arrange a booster injection at your doctor's surgery and inform us of the date of the booster injection.

i) For watersports / swimming trips only - what is the swimming ability of your son/daughter?

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### Declaration

I agree to my son/daughter 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.

### 2. Contact telephone numbers:

a) First emergency contact

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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b) Alternative emergency contact

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

### 3. Family doctor:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

4. Signed: \_\_\_\_\_ Full Name (PLEASE PRINT): \_\_\_\_\_

Relationship to student / member: \_\_\_\_\_ Date: \_\_\_\_\_

**This form or a copy must be taken by the group leader on the visit. A copy should be retained by the establishment contact.**