



KING EDWARD VI
SCHOOL LICHFIELD

PARENTAL CONSENT FOR A SCHOOL VISIT

Please complete this form and return it to Mrs V Jetson, Bader Office or email to edvisits@kingedwardvi-lichfield.staffs.sch.uk

Visit to Iceland Monday 8th July – Friday 12th July 2019

1. Medical details. My son/daughter has the following medical or special needs (*please be as specific as possible e.g nut allergy – airborne, nuts cannot be eaten by others on airplane / coach*):

.....
.....
.....

I understand that for residential visits I must complete and return a medical form, with up to date details, not more than fourteen days before the visit.

2. Dietary details. My son/daughter has the following dietary needs.
.....

3. Insurance. Will be provided by the school insurance company. It is my responsibility to ensure the cover provided is appropriate for my child’s personal circumstances.

4. Transport. I understand that I will be informed of the transport arrangements for this visit and my child understands the need to wear a seatbelt.

5. Return to Home. I understand that I will be informed of the predicted time of return and where this is outside normal school hours I will attend to collect my son/daughter or my son/daughter will be returning home by.....

6. Water Activities and Swimming. For visits that involve water activities and/or swimming my son/daughter’s swimming ability and consent to partake is (tick boxes): -

Non-swimmer	
Swim less than 50 metres	
Swim 50 metres or more	
I consent to my son/daughter undertaking the water activities and swimming notified in the visit programme.	
I consent to my son/daughter swimming in open water	

8. Financial Contribution. I am making a contribution of £..... which I either A) have sent via ParentPay, B) enclose

9. Photographs. Photographs taken on the visit may be used in school or education service promotional information. Please answer Yes or No

I confirm my son/daughter is available for the amended date of this visit. I agree to my son/daughter attending the visit detailed above and I acknowledge that to be included he/she will need to maintain responsible behaviour.

Name of son/daughter Class
(Please print as shown on passport)

Signed..... Date..... Person with Parental Responsibility

Once completed please return this form in a sealed envelope to Mrs Jetson in Bader Office. For parents not using the ParentPay facility a cheque should be included with the form. The envelope should be marked clearly with the name and tutor group of your child and the destination and date of the educational visit.