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## PARENTAL CONSENT, CONTACT & MEDICAL FORM: USAAF Base Lavenham site visit for GCSE History on Sunday 10th September 2023 (afternoon)

Please ensure all white boxes are completed and accurate.

| Name of Student  |                                     |             |
|--|-------------------------------------|-------------|
| Emergency contact during the visit. Relationship to the student  |                                     |             |
| Address  |                                     |             |
| Telephone  | Home:                               | Mobile:     |
| Alternative Contact if unable to contact above Relationship to student   |                                     |             |
| Address  |                                     |             |
| Telephone  | Home:                               | Mobile:     |
| Medical conditions   |                                     |             |
| Will your child need medication during the visit?  | Yes / No (please circle) If yes, pl | ease detail |
| Would you like to talk to Miss<br>Terry in more detail about your<br>child's medical condition?                                | Yes / No                            |             |
| May paracetamol be given to your child if thought necessary?   | Yes / No (please circle)            |             |
| Do you give consent for photographs to be taken of your child by other students or staff during the visit and possibly shared? | Yes/No (please circle)              |             |

## **Declaration**

I agree to my child, named above, taking part in the Lavenham site visit and the activities described.

I acknowledge the need for my child to behave responsibly in accordance with the school's Code of Conduct.

I agree to my child 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.

I will inform the visit organiser as soon as possible of any changes in medical or other circumstances prior to the visit.

I understand it is my responsibility to provide accurate information within this consent form.

I understand that SVCS staff reserve the right to alter the itinerary to take into account a change in circumstances.

| Signed:     | (parent/carer) | Date: |
|-------------|----------------|-------|
|             |                |       |
|             |                |       |
| Print Name: |                |       |