



BISHOP HEBER HIGH SCHOOL

RESPECT • OPPORTUNITY • ACHIEVEMENT



FORM 'C' PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with a letter giving full details of the visit

Department: Science

Details of Visit to: Gravity Film (Vue cinema, Cheshire Oaks)

From: Date 14 Nov 2013 Time: 3.30 p.m. To: Date 14 Nov 2013 Time: 7.15 p.m.

Name of Student: _____ T/Group: _____

I agree to the above named student taking part in this visit YES ☐ NO ☐

I have read the letter and agree to the above named student's participation in the activities described YES ☐ NO ☐

I acknowledge the need for the above named student to behave responsibly throughout the visit YES ☐ NO ☐

I agree to photos of the above named student being being posted on the LPO12 website YES ☐ NO ☐

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

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

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

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

(e) Any other concerns?

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. I understand the extent and limitations of the insurance cover provided.



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Contact Telephone Numbers

Work: _____ Home: _____ Mobile: _____

Home Address:

Alternative Emergency Contact:

Name: _____ Tel No: _____ Tel No: _____

Address:

Name of Family Doctor: _____ Tel No: _____

Signature: _____

Full Name (Capitals): _____

Date: _____

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADERS ON THE VISIT
A COPY SHOULD BE RETAINED BY THE DESIGNATED CONTACT AT THE SCHOOL**



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