**FORM EE2 – Parent/Carer Agreement to School Excursion**

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| **Information on excursion for Parent/Carer – Please cut off and retain**  Destination:  Date and Time:  Info:  Member of staff responsible: Classes:  Cost: **(please pay through IPAY if possible)** |

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**Complete and return this section to school:**

Class: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Excursion: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Date of birth:

Address:

School hours Other times

Emergency contact: 

I agree to my child taking part in the above excursion:

Signature: Date

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| Does your child suffer from any allergies? |  |
| Is your child taking medication at present? |  |
| Does your child suffer from any condition that may affect participation? |  |
| Has your child been in contact with any contagious or infectious disease or suffered  from anything in the past four weeks that may become infectious or contagious? |  |
| When did your child last have a tetanus injection? |  |
| Does your child have any special dietary requirements? |  |
| Is there any activity in which your child must not participate? |  |
| If you answered yes to any of the questions above please give details here: |  |

Name, telephone number and address of Family Doctor

Parental/carer agreement to receiving emergency medical treatment: Please read the two statements

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