

Parental/Carer/Guardian Consent for an Educational Visit/ Off-site Activity

Please refer to the Information Sheet giving full details of the visit

Visit/Off-site Activity to:

Departure Date Time Location

Return Date Time Location

Full Name of Pupil

I agree to my son/daughter taking part in this visit. I have read the information sheet and agree that he/she can participate in the activities described. For activities involving swimming or water based activities a separate consent is required.

I understand that he/she must co-operate with staff and behave responsibly.

Medical Information

a) Does your son/daughter have a condition **not** already advised to the School which will or might require treatment during the visit? (Staff will ensure the continued care of known pupils with special medical needs, as in school)?

Yes

No

b) If **Yes**, please give brief details including special measures such as an injection, means of storing the medication, how often to be taken, etc (Staff have to be willing and able to administer the medication. Training may be required):

c) Please outline any special dietary requirements:

d) Please state the type of pain/ temperature control medication that your son/daughter may be given, if needed. If you give no indication it will be assumed that no medication can be given unless prescribed by a medical practitioner:

e) Has your son/daughter, to your knowledge, been in contact with any contagious or infectious diseases or has he/she suffered from anything in the last four weeks that may be contagious or infectious?

Yes

No

I do not know

If **Yes**, please give brief details:

f) Is your son/daughter allergic to any medication?

Yes

No

I do not know

If **Yes**, please give details:

g) Does your son/daughter suffer from any allergic reactions?

Yes

No

I do not know

If **Yes**, please give details:

h) Has your son/daughter had a tetanus injection within the last 10 years? Yes
No
I do not know

Contact details and Emergency Information

Home Address					
Home Telephone		Work Telephone		Mobile	
Alternative Emergency Contact Address	Name			Relationship to pupil	
Telephone		Work Telephone		Mobile	
Family Doctor	Name				
	Address				
	Telephone				

Consent to photo/video - please delete as appropriate:

I consent / do not consent to my son's/daughter's photos and/or videos taken at the event by event organisers for the purpose of the event publicity.

Permission to be dismissed from Guildhall at the end of the event – please tick as appropriate:

I give permission for my child to be dismissed from Guildhall at the end of the event

I require my child to be brought back to Charter Academy to be dismissed from there

Declaration

I agree to inform the Party Leader as soon as possible of any changes in the medical or other circumstances of my son/daughter between now and the Visit/ Activity.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible. I also acknowledge the extent and limitations of the insurance cover provided.

I understand that neither the School nor the party leader is liable for any claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my son/daughter except incidents arising from the negligence of the School or its employees.

I confirm that the information given above is correct to the best of my knowledge.

Signed		Date	
Full Name (Block Capitals)			
Your relationship to pupil			