

This form requests permission for your child to attend all low risk educational visits, day trips and off-site sporting activities undertaken in the academic year (s) 2022 – 2023.

**No pupil will be allowed to attend any visit/activity unless this information/consent form has been fully completed and returned to the school.**

You will be informed of the detail of each visit by letter at the appropriate time. Separate visit specific forms will be provided for each residential/overseas visit or visits involving higher risk activities, for which a specific consent will be required. Please note any activities that will, or might, involve swimming (e.g. sailing) will also require separate consent.

<b>Pupil's Name</b>		<b>Class</b>		<b>Date of Birth</b>		
<b>I. Medical Information</b>						
GP's name				Tel No		
Address				Post Code		
Is your child currently vaccinated against tetanus?	YES	NO	Date of last booster			
<b>May your child be given the following medications:</b>						
Paracetamol tablets/suspension	YES	NO	Antihistamine tablets, oral liquid	YES	NO	
Ibuprofen tablets/ suspension	YES	NO	Antihistamine cream	YES	NO	
Throat Lozenges	YES	NO				
Emergency adrenaline auto-injectors (only for pupils prescribed with AAls)	YES	NO				
Emergency salbutamol inhalers (only for pupils diagnosed with asthma)	YES	NO				
<b>Does your child suffer from any of the following conditions? Please tick as many as are applicable – where necessary please provide written confirmation/information from your child's doctor:</b>						
Anxiety or depression		Hayfever		Asthma or bronchitis		
				Menstrual problems		
Severe headaches/migraines		Eczema		Heart condition		
				Diabetes		
				Fits, epilepsy, convulsions, fainting/blackouts		
Does your child have any condition or illness not mentioned above that requires medical or surgical treatment, including medication? If YES please provide details below and written confirmation/information from your child's doctor:					YES	NO
Does your child have any allergies? (dietary / medicinal / materials / animals / insects)	YES	NO	If yes please give details:			
Specific dietary requirements						
Any other relevant information						

**Please note:**

1. Where medication is required, an adequate amount for the entire visit must be provided in its original packaging, labelled with the pupil's name, the name of the medication, the condition which it treats and the appropriate dosage.
2. If specific advice needs to be followed in an emergency, these details and a doctor's letter, confirming the treatment, and fitness to participate in the individual visit must be provided.

**2. Contact Information**

In case of an emergency, please use the following contact telephone numbers, in order of preference:

<b>First preference</b>	Name		Home telephone no.	
Relationship to pupil			Work telephone no.	
Address			Mobile telephone no.	
Email address				
<b>Second preference</b>	Name		Home telephone no.	
Relationship to pupil			Work telephone no.	
Address			Mobile telephone no.	
Email address				
<b>Emergency Contact</b>	Name		Home telephone no.	
Relationship to pupil			Work telephone no.	
Address			Mobile telephone no.	
Email address				

**3. Consent**

1. I agree that my child named above, may attend and participate in all low-risk educational visits, day trips and off-site sporting activities organised by ..... School during the academic year(s) 20XX - 20XX.
2. Whilst staff in charge of the visit / activity will take all reasonable care of the pupils, I understand, and have explained to my child that it is imperative for their safety, and the safety of the group, that rules and instructions given by persons in charge of the visit/activities are obeyed. I accept that if they do not meet the School Code of Conduct requirements then they may be returned home, accompanied by an adult before the end of the trip, and that I will be required to bear the cost of this.
3. I authorise members of staff to approve such medical treatment for my child (named above) as is deemed necessary in an emergency. While I understand that the school will use all reasonable endeavours to contact me, I agree to them receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand that the school will not be responsible for any costs not covered by insurance, and failing to disclose a known medical condition may result in the invalidation of the insurance.
4. I do not agree to my child receiving the following medical treatment (please specify if any)  
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5. I undertake to inform the visit leader / form teacher / school nurse in writing **as soon as possible** of any change to my child's medical condition. I understand that the Head may decide that it is not in the interest of the group that my child participates if their medical condition is likely to affect their safety or the safety of the group.
6. I understand that the school cannot be held responsible for any loss or damage to property suffered by my child during or arising out of the visit / activity other than that due to the negligence of the school or the staff accompanying the trip.

7. I agree to pay for any damage to the person or property of any other party or parties which may be caused by the misconduct or carelessness of my child.
8. I will indemnify the Trip / Activity Leader in respect of any expenses reasonably incurred in consequence of any accident to or illness of my child.
9. I understand the details of the insurance arrangements and understand that I may take out additional cover.
10. I understand that due to the Covid-19 pandemic and any associated changes in local rules, there may be unavoidable changes to the trip, including but not limited to:
  - Changes to venue
  - Changes to transport
  - Return home earlier or later than planned

Where possible, the staff in charge of the trip will try and limit the impact of Covid-19-related changes on the trip, however, I understand that some changes may be unavoidable and / or implemented at short notice, particularly if new local rules come into force at the trip destination, either immediately prior to, or during, the trip. I understand this risk and agree to indemnify the school for any additional costs incurred in changes to the trip made directly or indirectly due to the Covid-19 pandemic.

11. I agree to this form being used solely for the purpose of organising educational visits and understand that it, and all copies, will be destroyed at the end of the period covered by the form.

Parent/Guardian's Signature		Date	
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**THE INFORMATION ON THIS FORM WILL BE AVAILABLE ON EVERY VISIT FOR USE BY THE GROUP LEADER WITH A COPY RETAINED BY THE SCHOOL EMERGENCY CONTACT DURING THE DURATION OF THE VISIT**