

EV6: PARENT/CARER CONSENT FORM FOR REGULAR EXTERNAL ACTIVITIES

All sections must be completed.

Please answer with details or by stating N/A (Not Applicable) for the medical section.

This information is requested to enable staff to be fully informed and act in the best interest of all participants.

GENERAL INFORMATION

Name of Son/Daughter: _____ Date of Birth: _____

School/Establishment: **Cheddon Fitzpaine Church School**

Covering the Activities Listed during the period of: Start Date: **22.06.2016** Finish Date: **24.06.2016**

**Residential trip to Barton Hall (PGL) Torquay
Activities and coach travel.**

MEDICAL INFORMATION

1. If your child has any condition or impairment that may require specific management, medical treatment and/or medication during any of the regular activities/trips/visits please give brief details:

2. If your son/daughter has any allergies or is allergic to any medication please supply details:

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

4. Date of your child's last anti-tetanus injection: _____

5. Family doctor: _____ Telephone: _____

Address: _____

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the school/organisation.

EMERGENCY CONTACT FOR THE TRIP DURANTION

Name of Parent/Guardian: _____

Address: _____

Emergency telephone: Daytime: _____ Evening: _____ Mobile: _____

Alternative emergency contact should parents/guardians not be available:

Name: _____ Relationship to child: _____

Address: _____

Telephone: _____ Mobile: _____

EV6: PARENT/CARER CONSENT FORM FOR REGULAR EXTERNAL ACTIVITIES *(cont'd)*

DECLARATION

I understand that:

- All reasonable care will be taken of my child in respect of the activity/visit.
- My child will be under an obligation to follow all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school/organisation discipline procedures during the visit/activity.
- All young people are covered by the Multi Academy Trust's third party public liability insurance.

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your son/daughter. Please tick here if you do not agree

I give permission for my child to be photographed/film during visits/activities (for possible use in displays/presentations, marketing materials and press releases). Please tick here if you do not agree

Full name of parent or carer (print please): _____

Signed: _____ Date: _____

EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Multi Academy Trust will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the child's Head Teacher/Senior Manager.
7. Data Protection. *The data collected by establishments from Multi Academy Trust as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Multi Academy Trust. Data collected is used for registration and monitoring purposes, and emergency contact information.*