

Parent/guardian Consent Form

Appendix 4a

Day Excursions/ Residential/Overseas Visits

PLEASE USE BLACK INK AND BLOCK LETTERS					
	Establishment				
	Details of journey				
	Journey/visit to				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">From</td> <td style="width: 10%; border-bottom: 1px solid black;">Time</td> <td style="width: 5%; border-bottom: 1px solid black;">To</td> <td style="width: 30%; border-bottom: 1px solid black;">Time</td> </tr> </table>	From	Time	To	Time
From	Time	To	Time		
	<p>I agree to my son/daughter _____ Taking part in the above-mentioned visit and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.</p>				

2	Medical Information
	<p>a) Does your son/daughter suffer from any condition(s) requiring medical treatment, including medication YES/NO (If YES, please give brief details)</p> <p>_____</p> <p>_____</p>
	<p>b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? YES/NO (If YES, please give brief details)</p> <p>_____</p> <p>_____</p>
	<p>c) Is your son/daughter allergic to any medication? YES/NO (If YES, please specify)</p> <p>_____</p> <p>_____</p>
	<p>d) Has your son/daughter received a tetanus in the last five years? YES/NO (please delete)</p>
	<p>e) Please outline any special dietary requirements of your child</p> <p>_____</p> <p>_____</p>
	<p>f) Does your son/daughter have any disability and/or additional support needs? YES/NO (If YES, please specify)</p> <p>(Please note this information will be used to allow the planning of any additional support needed, in order to ensure full participation of the participant)</p> <p>_____</p> <p>_____</p>
	<p>g) I undertake to inform the Group leader /Head of Establishment as soon as possible of any changes in the medical circumstances between the date on which this form is signed and the commencement of the journey.</p>

3	<p>Declaration - Parent</p> <p>I agree to my son/daughter receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I may be contacted by telephoning the following numbers.</p> <p>Signed (parent/guardian) _____ Date _____</p> <p>Work _____ Home _____</p> <p>My home address is _____</p> <p>If not available at above, please contact</p> <p>Name _____ Phone number _____</p> <p>Address _____</p> <p>Name, address and phone number or family doctor</p> <p>_____</p> <p>Phone Number _____</p>
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4	This part of the form should be signed by all pupils age 12 and over
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	<p>Declaration – Young person</p> <ul style="list-style-type: none"> • I wish to take part in this trip and agree to follow the rules set out by the school. I will follow the instructions of all adults accompanying the trip. • I agree to receive emergency treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. <p>Signed (young person) _____ Date _____</p>
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<p>This form or a copy must be taken by the leader on the activity and a copy retained by the head of establishment. During holidays a copy should be retained by the nominated liaison officer.</p>
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