

Parent/guardian Consent Form

Appendix 4c

Regular and Ongoing Programme of excursions/ visits in EAST RENFREWSHIRE ONLY

PLEASE USE BLACK INK AND BLOCK LETTERS

Name of Establishment _____

I Agree to my son/daughter (name) _____ Date of Birth _____

Taking part in a programme of excursions/visits throughout the year within the locality of the establishment and within East Renfrewshire Council.

This form is for regular ongoing activities (excluding swimming or activity where swimming is essential) in East Renfrewshire. At this point in time specific dates, places and times are not available. Every time your child has the opportunity to participate on a visit or outing in East Renfrewshire **YOU WILL BE GIVEN NOTIFIED OF DATE, ACTIVITY AND TIMES.**

IF ANY OF THE MEDICAL DETAILS FOR YOUR CHILD CHANGE YOU MUST LET YOUR CHILD'S TEACHER OR HEAD OF ESTABLISHMENT KNOW. PLEASE ALSO INFORM THE TEACHER IF YOU DO NOT WISH YOUR CHILD TO PARTICIPATE IN THE VISIT OR OUTING.

If your child has been in contact with any contagious or infectious diseases or suffered from anything in the four- week prior to any visit/outing that may be or may become contagious or infectious please notify the school.

A separate consent form Appendix 4d will be completed if swimming or activity where swimming is essential has been included.

2 Medical Information

a) Does your son/daughter suffer form any condition(s) requiring medical treatment, including medication YES/NO (If YES, please give brief details) _____

b) Is your son/daughter allergic to any medication? YES/NO (If YES, please give brief details) _____

c) Has your son/daughter received tetanus in the last five years? YES/NO (If YES, please specify) _____

d) Please outline any special dietary requirements of your child YES/NO (please delete) _____

e) I undertake to inform the Group Leader /Head of Establishment as soon as possible of any changes in the medical circumstances between the dates on which this form is signed and the commencement of the activity/programme which takes place on a regular basis throughout the year.

3 Declaration – Parent/ Guardian

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 will inform the Head of Establishment if any medical circumstances are changed from the original form and if they have been in contact with any contagious or infectious diseases or suffered from anything in the four week prior to any visit / outing. I will also inform the early years centre/ primary school if I do not wish my child to participate in the visit/outing.

I may be contacted by telephoning the following numbers.

Signed (parent/guardian) _____ Date _____

Work _____ Home _____

My home address is _____

If not available at above, please contact

Name _____ Phone number _____

Address _____

Name, address and phone number or family doctor

Phone Number _____

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.