

Parent/guardian Consent Form

Extra curricular organised team games

PLEASE USE BLACK INK AND BLOCK LETTERS

1		Establishment
		<p>Activity</p> <p>Details of activity and travel involved (see attached information sheet provided by the head of establishment including note of venues, dates and times). If swimming is activity or activity where being able to swim is essential then Appendix 4d must be completed.</p> <p>Having read information sheet, if 16 years of age and over. I (name)----- Date of birth-----</p> <p>Or if under 16 years of age, I agree to my son/daughter _____</p> <p>_____</p> <p>Taking part in the above-mentioned activity described and, having read the information sheet, agrees 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</p> <p>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?</p> <p>YES/NO (If YES, please give brief details)</p> <p>_____</p> <p>_____</p> <p>c) Is your son/daughter allergic to any medication?</p> <p>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?</p> <p>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? (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>YES/NO (If YES, please specify)</p> <p>_____</p> <p>_____</p> <p>g) I undertake to inform the leader-in-charge/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 journey.</p>

3 Declaration - Parent

I agree to my son/daughter receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present. I UNDERSTAND THAT INSURANCE COVER THROUGH THE COUNCIL IS NOT PROVIDED WHILE PARTICIPATING IN THE ACTIVITY.

Signed (parent/ guardian) _____ Date _____

I may be contacted by telephoning the following numbers.

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 _____

4 This part of the form should be signed by all pupils age 12 and over

Declaration – Young person

- 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 THAT INSURANCE COVER THROUGH THE COUNCIL IS NOT PROVIDED WHILE PARTICIPATING IN THE ACTIVITY.

Signed (young person) _____ Date _____

This form or a copy must be taken by the Group 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.