

Parent/Carer Consent Form
LOCHARDIL PRIMARY SCHOOL
LOCH INSH TRIP 12th May – 16th May 2014

1. Name of Pupil/Student _____ Age _____

2. Home Address _____

3. Telephone Number(s) where Parent/Guardian may be contacted:-

Home: _____ Work: _____

Other (e.g. Neighbour/Friend) _____

4. In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the treatment of your child. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given.

(a) Recent surgery for _____ Date _____

(b) Any known allergy to medicine (e.g. penicillin) _____

(c) Is your child undergoing treatment by a doctor? YES/NO?

If so, please give details _____

(d) Any medical condition which a doctor should know before carrying out treatment (e.g. Asthma). _____

(e) Please state any restrictions you wish to place on emergency medical treatment _____

(f) Please give details of any special diets e.g. vegetarian/diabetic/no specific "E" numbers etc

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(g) Any additional information e.g. bedwetting difficulties

5.

Name of Family Doctor

Address

Tel No.

6. **For Water-based activities only:**

I certify that my child/ward can swim 50 metres

Signature

Date

7. **Insurance Information**

Highland Council do not provide cover for personal accidents, illness, loss or damage incurred by participants. Further, the Council's Third Party liability policy will not necessarily indemnify participants in the event of a Third Party being injured solely due to the negligence of the participants. The Council's Third Party liability policy, will however meet claims for Third Parties arising from the negligence of the Council or its employees.

Participants wishing to obtain cover for personal accident and Third Party liability are advised to contact an insurance company or broker.

8. **DECLARATION**

I have read the information issued concerning the Course and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child/ward fit to take part. He/she does not suffer from any medical condition not stated above. I hereby consent to the submission of the above-named to emergency medical or surgical treatment including the administration where necessary, of a local, general, or any other anaesthetic.

Name

Parent/Guardian

(BLOCK CAPITALS)

Signature

Date