

PARENTAL CONSENT FORM EXCURSIONS AND ADVENTURE ACTIVITIES

Pupil name: _____ Class: _____ Science Teacher: _____

Establishment Coltness High School

1. Details of Excursion/Adventure Activity

Date: Wednesday 2nd or Thursday 3rd November 2022

Time: 0855 to 1545

Description of excursion/visit: S1 trip to Glasgow Science Centre, including IMAX cinema

2. Personal Details of pupil

Date of Birth: _____ Sex: _____ Age : _____

Address: _____

Postcode: _____

Next of Kin: _____

Relationship: _____

Address: (if different from above) _____

Postcode _____

GP Name: _____

Address: _____

Telephone No: _____

3. Emergency Contact Information

In the event of an emergency, I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

Mobile No: _____

If not available at above, please contact:

Name: _____ Relationship to pupil: _____

Telephone No: _____

Address: _____

4. Medical Information

Does your son/daughter suffer from any condition requiring medical treatment, including medication? **YES/NO**

If **YES**, please give brief details _____

To the best of your knowledge, has your son/daughter been in contact with any contagious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **YES/NO**

If **YES**, please give brief details _____

Does your son/daughter have any allergies to medication or any other substance? **YES/NO**

If **YES**, please specify _____

Has your son/daughter received a tetanus injection in the last five years? **YES/NO**

Please outline any special dietary requirements: _____

5. Declaration Parental/Guardian/Carer

I agree to my son/daughter taking part in the above mentioned Excursion, Visit or Planned Activity and agree to participation in any or all of the activities as described.

I acknowledge the need for obedience and responsible behaviour on his/her part.

I understand that NLC accepts no responsibility or liability for any loss, injury or damage except where caused through the negligence of its employees.

I undertake to inform the leader-in-charge/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 activity.

I agree to my son/daughter receiving medication as instructed and any emergency treatment, including anaesthetic, x-ray or blood transfusion as considered necessary by the medical authorities present.

I understand insurance cover is provided under NLC's policies subject to standard terms and conditions.

Date _____ Signed _____

A COPY OF THIS FORM SHOULD BE RETAINED ON SITE AND A COPY MUST BE CARRIED BY THE LEADER IN CHARGE WHILST ON THE ACTIVITY.