

OUTWOOD ACADEMY NORMANBY

Health and Safety of Participants on Educational Visits

PARENT/GUARDIAN CONSENT FOR VISITS/SCHOOL ACTIVITIES

1. Details of visit/activity to: All activities outside of school

I agree to

2. Name of Participant:

3. Home Address:

.....**Post Code:**

taking part in this visit and have read the information sheet provided. I agree to him/her participating in the activities described and acknowledge the need for him/her to behave responsibly.

4. Medical information about your child:

a. Any conditions requiring medical treatment, including medication? **YES/NO**
If YES, please give brief details:

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.....
.....

b. Please outline

- any special dietary requirements of your child
-
- the type of pain/flu relief medication your child may be given if necessary:
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c. 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 contagious or infectious? **YES/NO**

If YES, please give brief details:

.....

d. Is your son/daughter allergic to any medication? **YES/NO**

If YES, please specify:

.....

e. When did your son/daughter last have a tetanus injection?

.....

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Additional information

My child is on free school meals, and I would like you to provide my child with a packed lunch

YES/NO

6. Declaration:

(Note: Details of the visit insurance cover provided are available on request from the school)

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

(A Parent/Guardian wishing to vary the terms of this 'declaration' must state their specific requirements for the attention of staff and medical authorities, preferably also including the reason)

.....
.....)

Signed: Date:

Full name (capitals):

Home Emergency Contact:

Work: Home:

Home address:

..... Post Code:

Alternative emergency contact:

Name: Telephone number:

Address:

..... Post Code:

Name of family doctor: Telephone number:

Address:

..... Post Code:

Photographs: Please tick this box if you **do not** wish any photographs including your son/daughter to be used for display purposes outside the school.

COPIES OF THIS FORM MUST BE TAKEN BY THE GROUP LEADER AND RETAINED BY THE SCHOOL/SERVICE CONTACT