



Head Teacher Mr C Hayes

PARENTAL/MEDICAL CONSENT FORM FOR THE ACADEMIC YEAR 2015/2016

Completion of this form is required to give consent for your child to participate in out of school activities for the coming academic year. Additional forms will be required for any residential trips. IF NECESSARY, PLEASE INFORM THE SCHOOL OF ANY CHANGES TO YOUR CHILD'S CONTACT DETAILS OR MEDICAL CONDITIONS SO THAT RECORDS ARE UP TO DATE.

Data Protection Act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Education Authority, without your written consent.

1. Details of visit to.....

From: (date/time).....To (date/time).....

2. Name of participant.....

3. Address

.....

Tel No.....

5. Age Date of Birth

6. Emergency Address and/or Telephone (if different from above).....

.....

.....

7. Personal Information: Please give details requested below or personal information which might be relevant.

A. Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks?

YES NO If yes, give details

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B. Does he/she suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleepwalking, bed-wetting or any other illness or disability?

YES NO If yes, give details

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C. Is he/she allergic to anything (e.g. antibiotics, elastoplast, aspirin or any such medicines, any particular food/drink)?

YES NO If yes, give details

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D. Is he/she actively sensitive to penicillin?

YES NO If yes, give details

E. Is he/she receiving any medical treatment at present?

YES NO If yes, give details of illness/disability and treatment

F. Date of last anti-tetanus injection

G. Does he/she have any special dietary needs?.....

H. Can he/she swim 50 metres? YES NO

I. Name & Address of own Doctor.....

Tel No.....

7. Insurance: Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by Cornwall County Council insurance in the event of negligence by one of its employees or agents. Details are available on request.

8. PARENTAL CONSENT:

(i) I have read the information provided and agree to my son/daughter taking part in the above activities.

(ii) I acknowledge the need for him/her to behave responsibly at all times.

(iii) I understand that the staff responsible for the activities will take all reasonable care of participants.

(iv) I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

(v) I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LEA guidance.

Signature.....Print.....

(Please print your name alongside your signature)

9. Please return this form, together with any deposit or payment required, to:

.....by (date)

10. A copy of this form may be returned to parent/guardian by the school once received after signature, should it be requested.