

PARENT/CARER CONSENT FORM FOR REGULAR EXTERNAL ACTIVITIES

This two-page form should be read with the accompanying information regarding the proposed activities. All sections must be completed. Please answer with details or by stating N/A (Not Applicable) for the medical section. This information is requested to enable staff to be fully informed and act in the best interest of all participants.

GENERAL INFORMATION

Name of Son/Daughter: _____ Date of Birth: _____

External Visit to: _____

Covering the Activities Listed during the period of: Start Date: _____ Finish Date: _____

MEDICAL INFORMATION

1. If your son/daughter has any condition or impairment that may require specific management, medical treatment and/or medication during any of the regular activities/trips/visits please give brief details:

2. If your son/daughter has any allergies or is allergic to any medication please supply details:

3. If your son/daughter has had any recent illness, accident or injury which staff should be aware of please supply details:

4. Date of your son's/daughter's last anti-tetanus injection:

5. Family doctor: _____ Telephone: _____

Address: _____

If you feel that further detail or a discussion is required regarding any of the information that you have supplied, please contact the Academy.

EMERGENCY CONTACT

Name of Parent/Carer: _____

Address: _____

Emergency telephone: Daytime: _____ Evening: _____ Mobile: _____

Alternative emergency contact should parents/carers not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ Telephone: _____ Mobile: _____

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DIETARY INFORMATION

If your son/daughter has any essential dietary requirements, please supply details:

DECLARATION

Having been informed through the details supplied. I consent to my son/daughter participating in standard activities off The Kings of Wessex Academy area, for example, environmental studies, swimming and sporting fixtures, joint activities with other schools/organisations.

I understand that:

- Such activities will normally take place within the school/working day, but that if, occasionally, they are likely to extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my son's/daughter's return home.
- My specific permission will be sought for any external activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or adventure activities.
- All reasonable care will be taken of my son/daughter in respect of the activity/visit.
- My son/daughter will be under an obligation to follow all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school/organisation discipline procedures during the visit/activity.
- I must inform the school/organisation of any changes to the medical and emergency contact details supplied.
- All young people are covered by The Kings of Wessex Academy public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the Academy or one of their employees. These arrangements do not provide personal accident cover.

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of my son/daughter. Please tick here if you do not agree

I give permission for my son/daughter to be photographed/filmed during visits/activities (for possible use in displays/presentations, marketing materials, press releases and social media).

Please tick here if you do not agree

Full name of parent or carer (print please): _____

Signed: _____ Date: _____

EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your son's/daughter's participation in the planned visit.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your son/daughter together with your consent to medical treatment if required.
4. It advises you that the Academy will NOT necessarily be legally liable for every type of loss suffered by a son/daughter whilst on a visit.
5. The completion and returning of this form is essential to enable your son/daughter to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form, please contact the Headteacher/Operations Manager.
7. Data Protection. The Kings of Wessex Academy will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by The Kings of Wessex Academy. Data collected is used for registration and monitoring purposes, and emergency contact information.