

EV5: PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT

This form should be read with the accompanying information/letter about the visit - all sections **MUST** be completed.

GENERAL INFORMATION

School/establishment: _____ Date(s) of visit on/from: _____ to _____

Proposed visit/activity: _____ Venue: _____

I wish my son/daughter: _____ Date of birth: _____

to be allowed to take part in the above-mentioned activity or visit and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

I understand that, while the establishment staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit.

All visits are covered by public liability insurance and trips outside the County are usually covered by comprehensive travel insurance. Details of cover are available from the establishment on request.

MEDICAL INFORMATION

1. My child has a condition requiring regular medical treatment or medication. Yes No

If yes, give brief details: _____

2. My child needs to retain control of his/her medication. Yes No

3. The type of pain/flu relief medication your child may be given if necessary: _____

4. Any recent illness, accident or injury suffered by your child recently which staff should be aware of:

5. My child suffers from the following allergies: _____

6. My child has the following lifelong condition or disability. _____

7. I enclose a letter giving more details from the above answer(s) Yes No

8. Date of last anti-tetanus injection: _____

9. My child suffers from travel sickness. Yes No

10. Family doctor: _____ telephone: _____

Address: _____

11. My child's National Health Service Medical Card number is (residential visits only): _____
(continue on a separate sheet for any medical information which cannot fit in the spaces above and attach if necessary)

DIETARY INFORMATION (residential visits only)

Does your child eat:-

	Chicken	Beef	Lamb	Pork	Fish	Cheese	Eggs	Nuts
Yes/No								

Any essential dietary requirements? Yes/No (If 'Yes' please give details)

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EMERGENCY CONTACT

Name of parent/guardian: _____ Address: _____

Emergency telephone: daytime: _____ evening: _____ mobile: _____

Alternative emergency contact should parents/guardians not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ telephone: _____ mobile: _____

Declaration

Having read the information sheet, and having understood the level of supervision to be provided, I agree to my child taking part.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I agree to my son/daughter receiving medication as I have instructed in this form and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

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 child's participation in the planned visit.
2. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
3. It contains information about your child together with your consent to medical treatment if required.
4. It gives the supervising staff immediate information on how to contact you in an emergency.
5. If this form is not returned your child will NOT be able to participate in the visit.
6. If you wish to discuss the contents please contact the child's Headteacher/Senior Manager.
7. Data Protection. *The data collected by establishments from Somerset Local Authority, and Somerset County Council as the data controller, 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 Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.*