

Parental Consent Form (AB) for Offsite Activity Non-Residential

School/Group:

Visit to:

Date and times:

I consent to: (full name)

taking part in this visit and have read the **accompanying letter**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes period of remote supervision, parents should be asked for their specific consent for this.)

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?

Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary?

Yes No

Is your son/daughter allergic or sensitive to any medication? eg penicillin

Yes No

If yes please give details:

Please outline any dietary needs or food allergies:

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

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day: Evening: Mobile:

Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day: Evening: Mobile:

Address:

Declaration

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

I agree to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed: (Parent/Guardian)

Print name: Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.

This form should be taken on the visit by the Group Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. The Approval Form.
2. The Emergency Contact Form.
3. The Risk Assessment Form.
4. The Evaluation Form.