

## EV6: PARENT/CARER CONSENT FORM FOR REGULAR EXTERNAL ACTIVITIES

*This two-page form is a blanket consent form for all local trips in and around Glastonbury. You will be advised of day trips and proposed activities further afield and separate permission sought for such trips. 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: \_\_\_\_\_

School/Establishment: ST BENEDICT'S C of E VA JUNIOR SCHOOL

Covering the Activities Listed during the period of: Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

### MEDICAL INFORMATION

1. If your child 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 child has had any recent illness, accident or injury which staff should be aware of please supply details:

\_\_\_\_\_  
\_\_\_\_\_

4. Date of your child'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 school/organisation.

### 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: \_\_\_\_\_

## EV6: PARENT/CARER CONSENT FORM FOR REGULAR EXTERNAL ACTIVITIES *(cont'd)*

### DECLARATION

Having been informed through the details supplied. I consent to my son/daughter participating in standard activities off the school/organisation site, but within the County or neighbouring area, for example, environmental studies, swimming and sporting fixtures, joint activities with other schools/organisations. A list of the proposed activities and venues has been supplied to me.

#### 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 child'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 child in respect of the activity/visit.
- My child 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 Somerset County Council's third party 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 Council 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 your son/daughter. Please tick here if you do not agree

I give permission for my child to be photographed/film during visits/activities (for possible use in displays/presentations, marketing materials and press releases). 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 child'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 child together with your consent to medical treatment if required.
4. 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.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the child's Head Teacher/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.*