

Parental / Legal Guardian Annual Consent Form

EV3

For use by all Schools and Youth Groups

School/Youth Centre/Project: NINE ACRES COMMUNITY PRIMARY SCHOOL	
FOR TRIPS WHICH ARE NOT ADVENTUROUS OR RESIDENTIAL ONLY Between: 01/09/2020 and 23/07/2021	
Examples of trips which are covered by this consent: Day trips to the mainland, sports fixtures, 1 day trips on the Isle of Wight.	
I agree to my son/daughter _____ (name) _____ (date of birth) Taking part in the above mentioned visit and, having read the information sheet agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.	
Does your son/daughter suffer from any condition/allergy, etc. requiring medical treatment, including medication? If YES, please give details	YES / NO
Is your son/daughter allergic to any medication? If YES please specify.	YES / NO
Has your son/daughter received a tetanus injection in the last five years? Please give date if known:	YES / NO
Please outline any special dietary requirements of your child.	
I undertake to inform the Head teacher as soon as possible of any change in medical circumstances between the date signed and end of the academic year.	

PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

DECLARATION

In the unlikely event of my son/daughter withdrawing from a trip I understand that I will be responsible for any costs that cannot be recovered by virtue of the insurance cover provided.

I understand that I am responsible for any damage or injury caused by my son/daughter during his/her time away, except accidental damage or injury, and fully indemnify the organiser of the journey in respect of any financial loss which may be incurred in this way.

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

I consider my son/daughter to be capable of full participation.

I understand the extent and limitation of insurance cover provided.

Note: Details of the Insurance Policy in place can be obtained from the school office on request.

I may be contacted by telephone if necessary.

My Home Address is:	My Contact Telephone Numbers are:
	Home:
	Mobile:
	Work:

If not available at above, please contact:	My Family Doctor is:
Name:	Name:
Address:	Address:
Telephone:	Telephone:

Signed (Parent/Legal Guardian):

Date: / /

*A copy of this form must be taken by the group leader on the activity.
A copy should be retained by the Home Base Contact*