

PARENT/CARER CONSENT FORM FOR AN EDUCATIONAL VISIT EDVIS 12

This form should be used with the accompanying information/letter about the visit
All sections MUST be completed

GENERAL INFORMATION

School/establishment: **Cannon Park Primary School**

Date(s) of visit on/from: **September 2018 – August 2019**

Proposed visit/activity: **Educational** Venue: **Pertaining to specific Trip Letter and Permission Slip**

I wish my child: _____ Date of birth: _____ Year: _____

to be allowed to take part in the activity or visit as per the letter provided 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 City 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
 (if your child uses an inhaler or epipen, please give a spare to the teacher)

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

Any other dietary requirements:

Does your child eat:-

	Turkey	Chicken	Beef	Pork	Pork Sausages	Fish Fingers	Fish	Quorn	Cheese	Eggs	Nuts
Yes or No											

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EMERGENCY CONTACT

Name of parent/carer: Title: _____ Name: _____

Address: _____

Post Code: _____ Email address: _____

Telephone Number Home: _____ Mobile: _____ Work: _____

Alternative emergency contact should parents/carers not be available: Relationship to child: _____

Title: _____ Name: _____

Address: _____

Post Code: _____ 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 Coventry City 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** participate in the visit.
6. If you wish to discuss the contents please contact the child's Head Teacher.
7. Data Protection GDPR Legislation (May 2018).
 - Coventry City Council collects the information on this form to ensure the safety and well-being of course participants.
 - We will not share the information with anyone – except medical professionals and essential staff in the event of a need for treatment.
 - The information will be securely stored at the School.
 - Information provided on this form will be kept for the period required by the Limitation Act 1990 (7 years for adults, 25 for a young person, 99 years for Looked After Children). The original paper copies will be destroyed at the end of the course.
 - If you wish to access the personal information that we hold contact the child's Head Teacher

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A large, empty rectangular box with a thin black border, occupying the upper half of the page. It is intended for the parent or carer to provide consent or additional information.