



## CONSENT FORM FOR AN EDUCATIONAL VISIT

All sections **MUST** be completed. Pearl Hyde Primary School will notify you in advance about every school trip or activity that your child is due to attend or undertake. If you wish to withdraw consent to your child attending a particular school trip or taking part in a particular activity, please notify the School Office in advance by emailing [admin@pearlhyde.coventry.sch.uk](mailto:admin@pearlhyde.coventry.sch.uk)

### GENERAL INFORMATION

School/establishment: PEARL HYDE PRIMARY SCHOOL Date(s) of visit on/from: ACADEMIC YEAR 2020/21

Proposed visit/activity: EDUCATIONAL VISITS THAT TAKE PLACE DURING THE SCHOOL DAY

Venue: VARIOUS IN LOCAL AREA

I wish my son/daughter: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**to be allowed to take part in the above-mentioned activities or visits 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 (paracetamol and/or ibuprofen):  
\_\_\_\_\_

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: \_\_\_\_\_

( continue on a separate sheet for any medical information which cannot fit in the spaces above and attach if necessary)

## PARENT/CARER CONSENT FORM FOR AN EDUCATIONAL VISIT (cont'd)

### 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

I understand that the school will notify me in advance of school trips or activities that my child is due to attend or undertake 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.

The school's Behaviour Policy will apply on all trips and activities. 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 educational visits.
2. It advises you that the Children, Learning and Young People's Service 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 visits.
6. If you wish to discuss the contents please contact the School Business Manager.
7. **PLEASE READ THE PRIVACY NOTICE ATTACHED FOR DETAILS OF HOW WE PROCESS YOUR CHILD'S INFORMATION REGARDING TRIPS/ACTIVITIES.**