

# EV5: PARENT/CARER CONSENT FORM FOR AN EXTERNAL /OFF-SITE VISIT



This 2 page form should be read with the accompanying information letter about the visit.

All sections must be completed

Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections.  
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: **COURT FIELDS SCHOOL**

Proposed Activity:

Date of visit:

## MEDICAL INFORMATION

1. If your child has any condition or impairment that may require specific management, medical treatment and/or medication during the outlined activity/trip/visit please give brief details:

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2. If your son/daughter has any allergies or is allergic to any medication please supply details:

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

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4. Date of your child's last anti-tetanus injection: \_\_\_\_\_

5. If your child suffers from travel sickness and must take medication, please supply details

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6. Family doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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## DIETARY INFORMATION (residential visits only)

If your child has any essential dietary requirements please supply details:

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the visit leader or your child's Headteacher/Senior Manager prior to the departure date

**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 all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to follow 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 understand the extent and limitations of the insurance cover provided and whilst the establishment staff in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit. I understand that all visits are covered by public liability insurance and I can contact the school/establishment if I require further details. "Full details of cover are also available on the school website".

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/filmed during this visit/activity (for possible use in displays/presentations, marketing materials and press releases). Please tick here if you do not agree

**IF ANY INFORMATION I HAVE WRITTEN ON THIS FORM CHANGES DURING THE YEAR  
I WILL INFORM THE SCHOOL IMMEDIATELY.**

Having been informed through the details supplied, I consent to my son/daughter taking part in this activity/trip/visit and this includes consent for him/her to take part in any or all of the activities described.

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 Castle Partnership Trust 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 Headteacher/Senior Manager.
7. Data Protection The data collected by the Castle Partnership Trust, 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 the Castle Partnership Trust. Data collected is used for registration and monitoring purposes, and emergency contact information.