

Parent/Carer Consent Non-Routine Visits 2023-24

To be distributed with an information sheet / letter giving full details of the visit.

Williamstown Primary School

Visit/activity: _____

Venue: _____ Date(s): _____

Your child's name: _____ Form/Class: _____

Medical and dietary

a) Does your child have any physical or behavioural condition that may affect him/her during the visit? YES/NO

If YES, please give details:

b) Please give details of any allergies:

c) Please give details of any special dietary requirements of your child:

d) Please detail any recent illness or accident suffered by your child that staff should be aware of?

e) Please list any type types of non-prescription medication or lotions your child **may not** be given:

f) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If YES, please give details:

g) When did your son/daughter last have a tetanus injection?

h) Does your child have asthma? YES/NO

If YES, do they need their pump with them at all times? YES/NO

Waterconfidence/swimming ability

Please indicate your child's swimming ability:

- Cannot swim
- Able to swim a little in a swimming pool
- Able to swim confidently in a swimming pool
- Able to swim confidently outdoors (e.g. lake, river or sea)

Your contact details

Telephone: Home: _____ Work: _____ Mobile: _____

Home address: _____

Alternative emergency contact

Name: _____ Telephone: _____

Address: _____

Family doctor

Name: _____ Telephone: _____

Address: _____

Declaration

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- 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 the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school may use activity images for promotional or publicity purposes
- I understand the extent and limitations of the insurance cover provided.

FULL NAME OF PARENT OR CARER (print please): _____

SIGNED: _____ **DATE:** _____

TO BE COMPLETED BY PARTICIPANT:

I understand that for the safety of the group and myself I will undertake to obey the rules and instructions of members of staff.

SIGNED: _____ **DATE:** _____