



YEAR 6 - BUTLINS PARENT/CARER CONSENT FORM

This two-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: **Manor Court Primary School** Date(s) of visit: **24th - 28th June 2019**

Proposed Activity/Trip/Visit: **Residential** Venue: **Butlins, Minehead**

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:

2. If your son/daughter has any allergies (please note that there will be the opportunity to handle animals during our stay) or is allergic to any medication please supply details:

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

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

5. Family doctor: _____ Telephone: _____

Address: _____

6. Has your son/daughter had any of the following: -

Asthma or bronchitis	YES	NO
Sight or hearing disabilities	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs	YES	NO
Other illness or disability	YES	NO
Recent bed wetting	YES	NO
Sleep-walking	YES	NO
Travel sickness	YES	NO

If the answer to any of the questions is YES please give details in the space below:

7. Has your child been given specific medical advice to follow in emergencies? YES NO

If the answer is YES please give the details here: (including dosage of any medicines/tablets)

8. Would you allow the first aider to give your child pain or allergy relief? YES NO

Calpol Nurofen Piriton Please tick

9. Any other relevant information?

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact Mrs Terry 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: _____

DIETARY INFORMATION (residential visits only)

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

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. The Preston Primary Trust (PPAT) only provides cover against proven or agreed negligence by PPAT and its employees. I understand that I should consider making my own insurance arrangements for personal accident cover for my son/daughter.

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

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 Preston Primary Academy Trust (PPAT) 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 establishments from PPAT, and PPAT 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 PPAT. Data collected is used for registration and monitoring purposes, and emergency contact information.*