

YARM SCHOOL ADVENTUROUS OUTING

PARENTAL CONSENT AND INDEMNITY FORM

Your child has applied for a place on a School Adventurous Outing and we hope that this proves to be very enjoyable and rewarding. The vast majority of adventurous trips from Yarm School run extremely smoothly without problems or accidents. It is, however, necessary for parents to sign the following undertaking which deals with specific problems and difficulties which could arise while your child is in the charge of the member of staff organising the activity. **Please read the document very carefully and fill in the details at the end of the document before signing and returning it to the organising member of staff.**

- 1 I accept that in order to secure places on the trip and to take advantage of the best prices available for travel, the School has to pay some months in advance of the event. In the case of unexpected illness or circumstances which prevent my son or daughter going on the trip, I understand that the School will do its best to find another pupil who is able to take their place. However, if it proves impossible to recover all or part of the costs involved then I accept that the school will need to charge me for the full costs which have been incurred on behalf of my child. I understand not all circumstances are insurable. In the event of a cancellation for whatever reason, I agree to forfeit the booking deposit up to the time of the final payment and the full cost of the holiday thereafter or such other payment required under the booking terms and conditions.
- 2 All members of the party are expected to behave in an appropriate and considerate manner and to obey instructions given to them by any person in authority at all times.
- 3 Should my child's conduct whilst on an activity trip warrant, in the opinion of the staff in charge, my child being sent home, I agree to reimburse the staff/School for the extra travelling expenses of my child, together with any necessary costs incurred by an accompanying member of staff.
- 4 I accept that any future serious misbehaviour (deemed to be such by the Headmaster), whether in School, on a School related activity or out of School, will result in my child being excluded from the party. In that event, unless a replacement can be found, I agree to forfeit the booking deposit up to the time of the final payment and the final payment as required thereafter or such other payment required under the booking terms and conditions.
- 5 I agree to indemnify the staff/School against costs and expenses reasonably incurred and/or other sums disbursed on behalf of my child during or as a result of the trip.
- 6 I hereby consent to any member of staff arranging for any emergency dental, medical or surgical treatment, first aid, anaesthetic, blood transfusion or the administration of treatment for ailments during the trip considered necessary by the medical authorities present. I understand that, in the event of a serious accident or medical emergency, every reasonable effort will be made to contact me. In addition, efforts to obtain my consent will be made, provided that medical opinion does not consider the time delay inadvisable.
- 7 I agree that I shall give overleaf, for the Party Leader's (and all other staff taking part) information, full details of any special dietary requirements (for either health or religious reasons) and particulars of any relevant medical conditions, together with details of any treatment required (e.g. medication).
8. I understand that the School's insurance covers existing medical conditions but only if the person is not travelling against medical advice. I understand that the School's insurance does not cover the cost of continuing any medication or treatment already in progress. I will ensure that my son/daughter if undergoing medication or treatment at the time of Departure will have sufficient supplies with them.
9. I understand the extent and limitations of the insurance cover provided

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Pupil's Name _____
(in full)

Tutor Group _____ House _____

Details/Name of Trip _____ Name of Group Leader _____

Date(s) of Trip _____

Home Tel. No. _____

Day Emergency Contact No. _____

Out of Hours Emergency Contact Nos. _____

Medical/Dietary Information

Home Doctor's Name, Address & Tel. No. _____

Please indicate below **any** medical/dietary conditions, e.g. asthma, allergies, special diets, relevant medical information such as fear of heights which need to be considered during the activity trip. This information is confidential and you may wish to discuss it in confidence with a member of staff. Please note all adults accompanying the trip will need to know this information as will any instructors/supervisors at the venue.

My child is / is not protected against Tetanus (delete as appropriate)

My child can / cannot be given paracetamol (delete as appropriate)

Any Medication:

Medicine: _____ Dosage: _____

I consent to my child taking part in the above named trip. I confirm that I understand and agree to all of the conditions of the trip sent with this form.

Signed: _____ (Parent/Guardian) Date: _____