

APPENDIX 4

OSA 2 Form – Mackie Academy

Parental Consent Form

Name of participant Age Class

I confirm that I am the Parent/Guardian with parental rights and responsibilities for the above named.

<u>Initial</u>

Excursion Details

Excursion to: (location)
on: (dates)

Provided by: (establishment) **Mackie Academy**
and Led by: (party leader)

I confirm that I have received the activity information details accompanying this form. I understand the nature of the activity(s) to be undertaken by my Child/Ward and consider Him/Her fit to take part.

<u>Initial</u>

I confirm that I have read and understood the statement about insurance.

I understand "The planned excursion will take place according to Aberdeenshire Council's Excursion Policy and a copy of the policy is available for inspection at your child's school. The excursion has been risk assessed and every effort will be made to minimise risk. Nonetheless a totally risk free environment is unrealistic and in signing the parental consent form I am asked to acknowledge that a degree of residual risk remains. It is not anticipated that risks will exceed those incurred in normal day to day living."

<u>Initial</u>

I confirm that I have read and understood the statement about Residual Risk

It is inconceivable that all risk will be eliminated from an excursion or event. The risk that remains having carried out a risk assessment and implemented control measures to manage it is called the "Residual Risk". It is important that all those involved, including parents are aware and acknowledge that residual risk exists.

<u>Initial</u>

For water-based activities only:

I certify that my Child/Ward **is / is not* water confident and that he/she **can/cannot* swim up to 50 meters.

- Delete as appropriate.

<u>Initial</u>

Emergency Contact Details

It is important that either yourself or another adult who is prepared to take temporary responsibility for your child/ward is contactable for the duration of the activity/event. Please give details:

Name of Parent/Guardian with parental rights and responsibilities:

Name of person to contact

Address

Home Tel No: Work /Mobile Tel No:

Relationship to participant

Signature: Date:

Alternative Emergency Contact:

(Block Capitals)

Relationship to participant

Address

Home Tel No: Work /Mobile Tel No:

Please turn over ⇒

Medical Information and Consent:

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the care and treatment of your child/ward. All information requested will be treated in strict confidence and will not necessarily prejudice the inclusion of your child/ward in the activity. It is in the interests of your child/ward that full and accurate information be given.

Recent surgery for Date

Any known allergy to medicine (e.g. penicillin)

Is your child undergoing treatment by a doctor? (If so, please give details)
.....

Any medical condition which a doctor should know before carrying out treatment (e.g. Asthma)
.....

Please state any restrictions you wish to place on emergency medical treatment
.....

Please give details of any special diets e.g. vegetarian/diabetic/no specific "E" numbers etc.
.....

Details of any special cultural or religious considerations that you would wish to be made.
.....

Any additional information
.....

Name of Family Doctor

Address:

.....

Tel No:

.....

I hereby consent to the submission of the above-named to emergency medical or surgical treatment including the administration where necessary, of a local, general, or other anaesthetic.
I understand that in terms of the Act of Legal Capacity (Scotland) Act 1991 my child/ward may also consent to his/her own medical treatment if the doctor attending is of the opinion that he/she understands the nature and consequences of such treatment.

<u>Initial</u>

Declaration

I hereby give consent for my child/ward to take part in the above activity and confirm that my initials placed in the boxes above indicate that I fully understand the various implications of my consent. I also understand that it is my responsibility to inform the party leader of any significant changes to the information I have provided about my child/ward between now and the excursion taking place.

Signature Date:

**NB If you are unable to initial any one or more of the boxes above but still wish your child/ward to take part, please contact the party leader.
If you are having difficulty with reading or translating this form and the information sent with it you should contact the party leader.**