



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: _____

Academy/Establishment: Huish Episcopi Academy Date(s) of visit: _____

Proposed Activity/Trip/Visit: _____ From: _____

_____ Venue: _____

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 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 Please give details of all other medical conditions not given above:

- 5 Date of your child's last anti-tetanus injection: _____
- 6 Family doctor: _____ Telephone: _____
 Address: _____

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 Principal/Senior Manager prior to the departure date.

EMERGENCY CONTACT

Name of Parent/Guardian: _____

Address: _____

Emergency telephone: Daytime: _____ Evening: _____ Mobile: _____

Email address: _____

Alternative emergency contact should parents/guardians not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ Phone: _____ 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 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.

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 agree to my child being given painkillers if appropriate. A log will be kept of all medication administered. Please tick here if you do not agree Please tick if you agree to your son/daughter being given Paracetamol Ibuprofen

I give permission for my child to be photographed/film during this 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.

FOR SPORTING EVENTS

Team lists will be displayed on notice boards, these will highlight pick up times and any other information needed to carry out the activity.

If an emergency occurs and we will be delayed returning to the school we will inform the Leisure Centre duty staff. If parents are worried they can approach these members of staff for further information.

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 Huish Episcopi Academy 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 Principal/Senior Manager.
- 7 **Data Protection** *The data collected by Huish Episcopi Academy 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 Huish Episcopi Academy. Data collected is used for registration and monitoring purposes, and emergency contact information.*