

DORSET COUNTY COUNCIL
PARENTAL CONSENT FORM FOR NON-RESIDENTIAL VISIT

FERNDOWN MIDDLE SCHOOL

Please return this form as soon as possible completed in BLOCK capitals.

YEAR 8 PROJECT (SCUBA DIVING)

Surname of child Form

Other names

I have received and read details of the above visit. I consent to my child taking part in the visit and the activities involved.

Although my child is in good health, I should like you to know the following:
(Please state in confidence any health or other matter concerning the child, about which you would like the staff to know. In your child's interests, it is vitally important that the organising staff know whether she or he suffers from any illness or disability which may affect her or his participation. This includes such ailments as Hearing Problems, Diabetes, Migraines and Asthma, also any Physical Disabilities such as Deafness, Defective Vision etc. If necessary, please supply the party leader with any medicines which need to be administered, together with relevant instructions.)

Medical details

Dietary details

In addition, County regulations stipulate that we are now unable to administer any medicines, either prescription or purchased over the counter, without written parental consent.

I agree to members of staff administering medicines/providing treatment to my child as directed below or in case of emergency, as staff consider necessary. Please give any specific instructions with regard to treatment, care and medication.

Ailment	Name of Medicine	Dose	Frequency/Time

Special Instructions

I consent to my child receiving emergency treatment, which might involve the use of anaesthetics and blood transfusions. I understand, however, that the party leaders will do their utmost to contact me prior to any such decision.

(Please turn over)

Doctor's name and telephone

Legal Guardians (Full name)

..... (Full name)

Home address

.....

Telephone number

Two additional emergency contact numbers (other than yourself), stating relationship:

Name Tel no Relationship

Name Tel no Relationship

I further consent to my child travelling by any form of public transport and/or in a motor vehicle driven by a suitably qualified adult member of the party.

I understand and accept that school journeys and educational visits are an extension of school activities and that, as such, arrangements for care, supervision and discipline will be in accordance with those policies laid down in the school prospectus and evidenced in the current practice of the school. I also understand and accept that the school, through its party leaders, will at all times take reasonable care of my child. Neither the County Council, the school, nor their representatives can be liable for any loss of personal effects or money.

The school has taken out travel insurance for this school visit; details are available from the school office.

I agree to reinforce the need for my child to follow the school's code of behaviour.

Signed Date

(Parent/Guardian)

Please return this form to Miss Owen as soon as possible.