

Appendix 18

Parental Consent Form For Trips In The UK

School _____

A journey to _____ (place)

from _____ (date) to _____ (date) 20_____

I wish my son/daughter _____ (name of child)

to be allowed to take part in the above-mentioned school journey and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the group will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

Please delete and complete the following as is appropriate.

My child is: a swimmer*/non swimmer* *Please delete as appropriate.

Please give details of any recent infectious or contagious diseases that your child has had in the last 3 months:

My child has: No illness, allergy or physical disability* *Delete which does not apply
The following illness, allergy or physical disability*

Which necessitates the following medical treatment: _____

Name, Address and telephone Number of Child's Doctor:

I consent to any emergency medical treatment necessary during the course of the visit.

Signed: _____
Parent/Guardian

Address: Home: _____ Work: _____

Telephone: Home: _____ Work: _____

If not available at the above, please state an alternative contact.

Name: _____

Telephone: _____

Consent for using images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our booklets, newsletters or publicity.

In the event of any images of my child/me being taken, I consent to them being used for educational purposes.

Yes/no * * Delete as appropriate

I understand that if my child is/I am easily identifiable (e.g. a close facial shot) I will be informed first.

I consent to the images being used on the website.

Yes/no* * Delete as appropriate

Signed _____
Parent

(Three copies of this form are desirable, one for the parent to keep, one for the Head of Establishment and one for the group leader to take with him/her on the visit/activity/journey.)