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**PARENT/CARER ANNUAL CONSENT AND MEDICAL INFORMATION FORM  
FOR EDUCATIONAL VISITS AND ADVENTUROUS ACTIVITIES FOR THE  
ACADEMIC YEAR 2019 – 2020**

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**If you change your contact information, please inform school ASAP.**

You may also submit changes to contact information on Firefly Parent Portal

**1. DETAILS**

<b>Pupil Name</b>	
<b>Date of Birth</b>	
<b>Form</b>	

I agree to my child taking part in visits/trips for the 2019/2020 academic year and agree to their participation in the activities involved. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the decision to allow pupils to attend is always at the discretion of the school. Please confirm the above statement by ticking this option.

**2. EMERGENCY DETAILS**

I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I may be contacted by telephone using the following number(s) and by signing this form I confirm that I have received consent from the alternative contact(s) to add their details:

Name:					
Relationship to Child:					
Home Tel:		Work Tel:		Mobile:	
Email:					

Please give an alternative contact point:

Name:					
Relationship to Child:					
Home Tel:		Work Tel:		Mobile:	
Email:					

Additional contacts (if required):

Name:					
Relationship to Child:					
Home Tel:		Work Tel:		Mobile:	
Email:					

Name:					
Relationship to Child:					
Home Tel:		Work Tel:		Mobile:	
Email:					

Child Health Service details:

Medical Card number:			
Name of Doctor:		Telephone No:	
Address:			

### 3. MEDICAL INFORMATION

Does your child suffer from any medical conditions?	YES / NO
If the answer is YES please provide details:	

Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? YES/ NO

If YES, please provide details:

Does your child suffer from any food allergies/intolerances? YES/ NO

If YES, please provide details:

Has your child been immunised against the following diseases?

Poliomyelitis: YES/ NO      Tetanus (lock jaw): YES/ NO

If YES to tetanus, please give details if known

Is your child taking any form of medication on a regular basis?

If YES, please give full details, indicating the type of medication and dosage.

Please ensure that the school office is provided with adequate supplies of medication and dosage and that the relevant additional forms for these have been completed.

**To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?:**

**YES/ NO**

If YES, please give full details:

#### **4. INSURANCE COVER**

I understand that school visits are insured and this includes cover for Personal Legal Liability and Personal Accident benefits, details of which will be provided by the school upon request. Any additional insurance required beyond this provision is my responsibility.

#### **5. DECLARATION BY PARENT/CARER**

- I have read the attached information provided about the proposed educational visits/trips and insurance arrangements.
- I consent to my child  taking part in the visits and trips for 2019/2020 and declare my child to be in good health and physically able to participate in all the activities mentioned.
- I will note where and when the pupils are to be returned on the trip/visits and I understand that I am responsible for my child getting home safely from that place.
- I will inform the school office of any relevant changes in the emergency contact details for my child.
- I note my child's data will be used on approved school IT systems (*an approved IT systems list can be provided, if required*).
- I am aware of the levels of insurance cover.
- I will ensure that any change in circumstances (e.g. recent medication or injury) which will affect my child's participation in any visits/trips will be notified to the school/organisation prior to the visit.
- I am aware that the decision to allow a child to attend any educational trip or visit is at the discretion of the school.
- I note my child will be given first aid or urgent medical treatment during any such activity which is considered necessary during the visit/activity. I understand that should medical treatment be necessary every reasonable effort will be made to obtain my consent. However, in an emergency I authorise the party leaders to consent on my behalf to any medical treatment which a medical professional feels is necessary.
- I agree for my child to be transported where necessary by public transport or in the private vehicle of staff/volunteers supervising the visit (with the correct insurance in place).

- I agree for my child to have their photograph taken for:

School Material & Displays  
(used within School)

Social Media & School Website  
(Twitter, Facebook, etc...)

School Publicity and  
External Publications

Promotional Content  
(Prospectus, Brochures, etc...)

- I agree for my child to appear and be mentioned in news articles on the school website

The educational visits covered by this consent include:

- all visits (**NB:** residential trips are not included)
- off-site sporting fixtures during or outside of the school day

<b>Name of Parent/Carer</b>	
<b>Signature of Parent/Carer</b>	
<b>Date</b>	

However, if you do not agree to any of the declarations above, please provide details below:

You reserve the right to withdraw consent to information provided within this Parental Consent Form.

You may withdraw consent on any of the optional items within this form by contacting the Data Manager via [sharon.milligan@robertsutton.staffs.sch.uk](mailto:sharon.milligan@robertsutton.staffs.sch.uk) detailing your request.

Your request will be handled and actioned within 28 days of your request (term time).