

Parental Consent Form for Residential Visits and/or Adventurous Activities within the UK

Dear Parent/Carer

Please complete the consent form to allow your child to participate on the visits to.....from(date).....

To (date)

I have received and understood information relating to the nature of the visit and the activities being undertaken. I agree that he/she can participate in all the activities mentioned. I have informed the visit leader of those I do not wish them to participate in.

I have discussed the behaviour code for the visit with my child and ensured that they have understood the importance of following instructions for their own and other safety.

I understand that, while the school staff and helpers in charge of the group will take all reasonable care if 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.

My child has : (delete as appropriate)

- No illness, allergy or physical disability.
- The following illness, allergy, physical disability and/or medication:

.....
.....
.....
.....

Pre-existing conditions: ESCC insurance may not cover claims for pre-existing conditions – whether long term, e.g. epilepsy, or short term, e.g. a broken leg – unless it can be shown that GP consent to travel has been obtained and conditions of travel have been met. Consent **does not** have to be written, it can be verbal. By signing parental consent forms, parents are agreeing to this condition and confirming it has been met.

Doctors Name:Surgery.....

Telephone:.....

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

Parental/Guardian signature:.....

Contact information

Emergency Contact 1: Name.....
Address.....
Telephone.....
Relationship to child.....

Emergency Contact 2: Name.....
Address.....
Telephone.....
Relationship to child:.....

Swimming Ability: (delete as appropriate)

My child is a: Confident swimmer / Weak swimmer / Non swimmer

Additional information
.....

Consent for taking images:

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

In the event of any images of my child being taken, I consent to them being used for educational purpose. I understand any photos where my child is easily identifiable (close facial shot) I will be informed first.

Yes / No (delete as appropriate)

I consent to the images being used on the schools website: Yes/No (delete as appropriate)

Other information:

Please provide details of any other information you feel the school/visit leader needs to be aware of.....
.....

I have completed the form to the best of my knowledge, if any information changes prior to the visit taking place I will inform the school immediately and if required seek medical consent from our GP.

Parent/Guardian Signature:..... **Date:**.....

Three copies of this form are desirable, one for the parent/guardian to keep, one for the school to retain, one for the visit leader to take on the visit.