

Bluecoat Meres Academy

Rolling Consent Form for Trips and Other Off-Site Activities

This consent covers all enrichment days, sporting activities and various other activities to support academy curriculum from **Wednesday 4 September 2019 until Friday 17 July 2020**.

Parents/carers are responsible for keeping the academy updated with contact information, changes of address, email address, medical details and other changes of circumstance. Written parental consent will not be requested of you for the majority of off-site activities offered by the academy.

Parents/carers are responsible for the collection of their children from the academy in the event of a trip returning outside of school hours, or making alternative arrangements for their safe passage home.

I agree to..... (student name) taking part in academy visits and, having read the information provided, agree to his/her participation in all or any of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand the extent and limitations of the insurance cover provided.

* If there are any activities in which your child cannot take part, please give details:

.....

If water-based activities are involved, is your child confident in water?

Yes No Not applicable

Medical information, declarations and consent

Student's date of birth.....

Does your son/daughter suffer from any conditions of which the staff leading the visit should be aware?

Yes No

Please give details of anything the trip leader needs to know about to safely care for your child e.g. illnesses, travel sickness, allergies, night-time tendencies (i.e. sleepwalking, nightmares, bedwetting) etc.

.....

Medication

Name of medication	Dosage	Times of day or circumstances in which to be administered	Method of administration	Special precautions/side effects

I give consent for a member of staff to administer the above listed medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

For office use only

EVC Check

Medical Condition Check

Logged on SIMS

I give consent for my child to self-administer the above listed drugs.

Is your child allergic to any foods or medication?

Yes No

If **yes**, please specify:

.....
.....

When did your son/daughter last receive a tetanus injection?

Please outline any special dietary requirements your child may have:

.....
.....

I undertake to inform the group leader/head of establishment as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

I agree to my son/daughter receiving emergency medical treatment, including anesthetic and blood transfusion, as considered necessary by the medical authorities present.

Contact details:

I may be contacted as follows:

Name.....

Relationship to child.....

Mobile..... Home.....

Address.....

In the event I am uncontactable, please contact:

Name.....

Relationship to child.....

Mobile..... Home.....

Address.....

Name, address and phone number of family doctor.....

.....

Signed..... Date.....

Parent/Carer

Data protection

We may need to share your child’s personal and medical data with other organisations for the purposes of a specific trip or enrichment activity. We will also upload your child’s information to the Lincolnshire County Council trip database (EVOLVE). The student specific information we provide and the reason for doing so is 1) **Child’s Name** (for reporting, identification, and registers), 2) **Child’s Gender** (to identify appropriate staffing and ratios), 3) **Parent/Carer Name** (for communication purposes), 4) **UPN** (to avoid duplication of records).