

PLEASE RETURN THIS FORM TO THE SCHOOL

Out of School Visits/Activities Consent Form

PART 1 CONSENT AND CONDITIONS

PUPIL'S NAME: CLASS:

SCHOOL: VISIT/ACTIVITY:

VENUE: DATE(S):

Having read the relevant information regarding the visit/activity outlined above, and having understood the level of supervision to be provided, I agree to my child taking part,

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others then he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school to refund any money.

PART 2 MEDICAL (tick as applicable)

NO: My child does not suffer from any medical condition which requires regular treatment or which could limit his/her involvement.

YES: My child suffers from:
and details of regular treatment, diet and/or physical limitations or restrictions are given below:

.....
I consent to any necessary emergency medical treatment, including anaesthetic.

If my child is unfit, or his/her fitness is in doubt on the day of the visit/activity, I will notify the party leader (who will make the final decision as to whether my child may participate).

PART 3 SIGNATURE

NAME: SIGNATURE: (Parent/Guardian)

ADDRESS:

TELEPHONE NUMBERS FOR CONTACT

1. HOME:

2. BUSINESS:

3. EMERGENCY ALTERNATIVE: