



## TRIPS & VISITS - Parent / Carer Consent & Medical Form 2019/2020

**Bronze Duke of Edinburgh: 6<sup>th</sup> – 7<sup>th</sup> May 2020 and 19<sup>th</sup> – 20<sup>th</sup> June 2020**

Dear Parent/Carer

This is a consent form to cover off-site activities and visits which take place as part of the normal school programme that your child may be undertaking. These visits may include short journeys on foot or in vehicles, some may continue beyond the school day and include residential trips in both the UK and abroad. The school will send you information about each visit or activity before it takes place.

Please complete the medical information section, granting consent by signing and dating the form if you are happy for your child to take part in the trip / visit / activity:

- a) that takes place off school premises; and
- b) to be given first aid or urgent medical treatment during the school trip or activity. I agree that the Trip Leader may act on my behalf in an emergency.

Pupil Name:		DOB		Form:
Emergency Contact	Mobile No.	Home No.	Work Tel.	Relationship to child
1. Emergency No.				
2. Emergency No.				
3. Emergency No.				

Medical Information:	
GP's name:	
Surgery Tel:	
Surgery address:	
Condition:	Medication/Treatment:
Condition:	Medication/Treatment:
Condition:	Medication/Treatment:
Condition:	Medication/Treatment:
Dietary Requirements:	Vegetarian:
<input type="checkbox"/> <b>Please tick the box if you would like to speak to a member of staff in confidence</b>	

**Please tick to acknowledge agreement / consent**



- ☐ I would like my child to take part in the trip / visit / activity.
- ☐ I confirm that will inform Lymm High School of any changes to medical conditions/medication as a priority.
- ☐ I consent to any emergency medical treatment required by my child during the duration of the visit.
- ☐ I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated Local Authority guidance.
- ☐ I confirm that my child is not in the care of a doctor or requires any additional care or support.
- ☐ I confirm that my child is not taking any form of medication.
- ☐ I confirm that my child is in good health and I consider him/her fit to participate.
- ☐ I acknowledge the need for my child to behave responsibly at all times. I have read and signed the Home School Agreement in the Parent Handbook.
- ☐ I understand that whilst every endeavour is made to safeguard personal effects, luggage and clothing, the organisers shall not be held responsible for any loss or damage that may occur.

Parent / Carer / Guardian <b>Consent</b>	Date:
Signed	Print Name