

INFORMATION SHEET FOR TYPE A EDUCATIONAL/OFF-SITE VISITS

(This sheet is to be retained for information purposes)

Proposed visit to:	
Date(s) of the visit:	
The proposed activities & educational objectives are:	1. 2. 3.
The alternative (Plan B) activity/venue is:	
Mode of transport: (inc. name of carrier)	
The time & place of departure is:	
The approximate time & place of return is:	
The base contact details are : (NB <u>these should only be used in emergency situations</u>)	Tel No:.....

Copies of written Risk Assessments for the activities (including Plan B) are available on request from the school/centre.

For the visit and the journey to be a valid and safe educational experience, sensible active involvement is required from all participating pupils. To ensure that the maximum value is gained the school/centre has particular requirements regarding conduct and behaviour. Your acknowledgement of this is essential (see Part 1 of the attached consent form). If you require any further details, please do not hesitate to contact the school/visit leader.

It is important that parents/carers contact the school/centre prior to the visit if there has been any recent illness of which the Visit Leader should be aware. Furthermore, parents/carers should provide the school/centre with any updated medical information and any changes to emergency contact numbers.

There will be no charge for this visit.

Or the voluntary contribution for this visit will be £.....

Or The cost of this visit will be £.....

If desired, parents/carers may request to see the Lancashire County Council's Educational/Off Site Visits Policy and Guidelines and the school's own Charging and Remissions policy.

NOTE:

Lancashire County Council's insurance arrangements do not cover personal accident, or loss/damage to personal items. The County Council recommends that you consider taking out personal accident insurance.

IMPORTANT

PARENTAL/CARER CONSENT AND MEDICAL INFORMATION

The attached consent form **MUST** be completed and returned to the School/Centre **before** your child may participate in the visit/activity. Non-receipt of the form will mean that your child will not be able to participate in the visit/activity.

**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM
FOR TYPE A EDUCATIONAL/OFF-SITE VISITS**
(This form is to be completed in full by the parent/carer and returned to the School/ Centre)

DETAILS OF VISIT:

Visit to:.....

Alternative Activity (Plan B):.....

From: (date/ time) To: (date/time)

Child's name: Date of Birth: Form/class:

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/organisation reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/centre with any medical information or changes to emergency contact details.

EMERGENCY DETAILS:

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) Work: (.....)

Mobile Telephone no:

Name & Address:

b) Please state an alternative contact point: - Telephone number: (.....)

Name & Address of Contact:

OTHER INFORMATION:

Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect him /her in this visit:

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DECLARATION BY PARENT/CARER:

- In the case of an emergency 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 have read the attached information provided about the proposed visit and the insurance arrangements.
- I consent to my child taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Centre prior to the visit.

Signature of Parent/Carer Date.....

(N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carer in block letters:

Address:

NOTE: THIS COMPLETED FORM TO BE RETURNED TO THE SCHOOL/CENTRE.

In the case of the participant being 18 years of age and above, the form must also be signed by them to confirm the accuracy of information, and consent to any necessary medical treatment.