



EV6: PARENT CONSENT FORM FOR REGULAR EXTERNAL ACTIVITIES

All sections must be completed.

Please answer with details or by stating N/A (Not Applicable) for the medical section.

This information is requested to enable staff to be fully informed and act in the best interest of all participants.

GENERAL INFORMATION

Pupil's Name: _____ Date of Birth: _____

School/Establishment: Oakfield Academy Tutor group _____

Covering the Activities Listed during the period of: Start Date: **September 2022** Finish Date: **July 2026**

MEDICAL INFORMATION

1. If your child has any condition that may require medical treatment and/or medication during any of the regular activities/trips/visits please give details:

2. If your child has any allergies or is allergic to food, plasters or any medication please supply details:

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

4. Date of your child's last anti-tetanus injection: _____

5. Family doctor: _____ Telephone: _____

Address: _____

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the academy.

EMERGENCY CONTACT

Name of Parent _____

Address: _____

Emergency telephone: Daytime: _____ Evening: _____ Mobile: _____

Alternative emergency contact should parents not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ Telephone: _____ Mobile: _____

DECLARATION - Please read and delete where appropriate

I consent to my child participating in regular off-site activities from the school/academy site, but within the County or neighbouring area. These may include environmental studies, swimming and sporting fixtures, joint activities with other schools/organisations, visits to local places of interest etc.

A list of the proposed activities and venues has been supplied to me.

I understand that:

- These activities will normally take place within the school/working day, but if they extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my child's return home.
- All reasonable care will be taken of my child in respect of the activity/visit.
- My child will be under an obligation to follow all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school/organisation discipline procedures during the visit/activity.
- I must inform the school/organisation of any changes to the medical and emergency contact details supplied.
- All young people are covered by the Somerset County Council's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the Council or one of their employees. These arrangements do not provide personal accident cover.

I agree/do not agree (*please circle your choice*) to my child receiving first aid or emergency dental, medical or surgical treatment considered necessary by the medical professionals, in the best interests of my child.

I give/do not give permission (*please circle your choice*) for my child to be photographed/film during visits/activities (for possible use in displays/presentations, marketing materials and press releases).

Full name of parent (print please): _____

Signed: _____ Date: _____

EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the child's Head Teacher/Senior Manager.
7. **Data Protection.** *The data collected by establishments from Somerset Local Authority, and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 2018, and the purposes registered by Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.*