



ST. WILFRID'S R.C.V.A. PRIMARY SCHOOL
BISHOP AUCKLAND
PARENT CONSENT FORM EV4



This form covers off-site visits from the school lasting more than half a day (including longer visits to other educational establishments that return outside of school hours) or involving an overnight stay.

Class **Teachers**
Details of the proposed visit

To the Head Teacher

I am willing to allow my child **(d.o.b.)**

to take part in the visit detailed above.

I have received and read the information the school has provided for me outlining the type of visit and I understand the purpose and nature of the activities.

I understand that during the short visit my child will be under the supervision of the teacher in charge, or under the supervision of a suitably qualified and experienced member of staff.

I further consent to the giving of **urgent medical or surgical treatment** to my child as may prove necessary during the visit. Please list any **medical conditions or prescribed medication** you want the school to be aware of. (In special circumstances you may wish to talk to the group leader prior to departure)

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I hereby undertake to indemnify Durham County Council Education Authority and teacher(s) in charge of the school party against any claims, damages, costs and expenses reasonably incurred by them on behalf of my child during the visit. This indemnity will not extend to any claims, damages, costs or expenses against the risk of which Durham County Council Education Authority or teacher(s) in charge are entitled to be indemnified under any policy of insurance.

Signed

Date

Address

Emergency Telephone Numbers

Home

Work

Mobile