

# Parent/Carer consent form for an external visit (EV5)

## Osmington Bay residential 17 – 19 April 2024

This two-page form should be read with the accompanying information/letter about the visit. Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections.

This information is requested to enable staff to be fully informed and act in the best interest of all participants. All sections must be completed. Please complete the GDPR section at the end of the document specific to your establishment.

Child's name		DOB	
If your child has any condition that may require specific management, medical treatment and/or medication during the activity/visit please give details			
If your child has had any recent illness, accident or injury which staff should be aware of please give details			
Date of last anti-tetanus injection			
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 Visit Leader or your child's Head Teacher/Senior Manager prior to the departure date.			
Emergency contact name and relationship to child			
Phone number day and evening			
Address			
Alternative emergency name and relationship			
Alternative phone number day and evening			
Address			
Dietary information			
Sleep information			

Declaration – please read and delete where appropriate.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she must follow all directions and instructions given, as well as all rules and regulations concerning 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 sent home early from the visit/activity. In such a situation, the school will not be required to refund any money. School staff will decide on which behaviours are deemed to represent 'seriously misbehaves'.

I understand that all visits are covered by public liability insurance. I understand the extent and limitations of the insurance cover provided and that the school staff in charge of the group will take all reasonable care of my child's property, so they cannot necessarily be held responsible for any loss or damage suffered by my child during the visit. I can contact the school if I need further details.

I agree/do not agree (please circle as necessary) to my child receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present, in his/her best interest.

I give permission/do not give permission (please circle as necessary) for my child to be photographed/filmed during this visit/activity (for possible use in displays/presentations and press releases).

I consent to my child taking part in this activity/visit, including any or all of the activities described.

Full name	
Date	
Signature	

Explanatory notes - This form serves several important functions.

- It confirms your knowledge of and your agreement to your child's participation in the planned visit.
- It gives the supervising staff immediate information on how to contact you in an emergency.
- It contains information about your child together with your consent to medical treatment if required.
- 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.
- The completion and returning of this form is essential to enable your child to participate in the visit/activity.
- If you wish to discuss any of the contents of this form please contact the child's Headteacher/Senior Manager.