

**PARENT/GUARDIAN'S CONSENT FORM FOR A PUPIL TO UNDERTAKE AN AUTHORISED VISIT/JOURNEY ORGANISED BY THE SCHOOL (CATEGORY A OR B VISIT)**

**SECTION 1 – Details of Visit/Journey**

Oxspring Primary School -

Visit/Journey to: Penistone Showground for the Cross Country

Date: 10<sup>th</sup> October 2018, afternoon.

**SECTION 2 – Pupil Details**

Name of pupil .....

Male  Female

**SECTION 3 – Other relevant Details**

1. Is your child able to swim? Yes  No

2. Are there any activities you do not wish Your child to participate in? Yes  No

If yes, please state:

.....

.....

3. Are there any changes in the medical Information we currently hold about Which we should be aware? Yes  No

If yes please state:

.....

.....

4. No cost for this visit.

**SECTION 4 – Your details**

Name: .....Relationship to pupil: .....

Home address:.....

Telephone No: (Home) .....(Work) .....

If I am not available in any an emergency please contact:

Name: .....Telephone No: .....

Address: .....

.....

Name of family doctor: .....

Address: .....

.....

**SECTION 5 – Declaration**

I agree to: .....(Name)

Taking part in the above activity and having read the information sheet provided agree to his/her participation in the activities described (with the exception of anything mentioned in Section 3 Question 2)

I acknowledge the need for obedience and responsible behaviour on his/her part and I am aware of the procedure for returning pupils home prior to the end of the visit where their behaviour endangers the Health and Safety of other pupils.

I agree to me son/daughter receiving emergency medical surgical and dental treatment, including anaesthetic and blood transfusions that may be considered necessary by the medical authorities present.

NOTE: If there are any exceptions to your child receiving medical treatment please supply an accompanying letter stating what those exceptions are.

I understand the school's policy on the administration of medicines.

I understand the extent and limitations of the insurance cover provided.

I undertake to inform the school as soon as possible of any change in the medical circumstances between the date of signing and the commencement of the journey.

I understand that the details disclosed could be passed on to the organiser's insurer and/or medical adviser if necessary.

Signed: ..... Date: .....  
(Parent/Guardian)

**Important: Please choose one option:**

	<b>I will be collecting my child from Penistone Showground on the day. I will ensure I will be there to do this by 3:00pm.</b>
	<b>My child will walk back to school with school staff.</b>

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