

**BARNSELY METROPOLITAN BOROUGH COUNCIL
EDUCATION SERVICES**

**PARENT/GUARDIAN'S CONSENT FORM FOR A PUPIL TO UNDERTAKE AN AUTHORISED
VISIT/JOURNEY ORGANISED BY THE SCHOOL – Category A or B visit**

NOT TO BE USED FOR CATEGORY C VISITS

SECTION 1 – DETAILS OF VISIT/JOURNEY

School: **KINGS OAK PRIMARY LEARNING CENTRE**

Visit/Journey to: **Cleethorpes – Y2**

Date: **Thursday, 27th June 2019**

Times: **08:30am to 16:00pm**

Activities to be undertaken: **Explore Cleethorpes**

Party Leader: **Mrs Bowden**

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: _____

Are there any changes in the medical information we currently hold about which we should be aware? Yes No

If yes please state: _____

SECTION 4 – YOUR DETAILS

Name _____ Relationship to pupil _____

Home Address: _____

Telephone No (Home): _____ (Work): _____

If I was not available in an emergency please contact:

Name: _____ Telephone No: _____

Address: _____

Name of Family Doctor: _____ Telephone Number _____

Address _____

SECTION 5 - DECLARATION

I agree to _____ (Name)

Taking part in the above activity and having read the information sheet provided, I 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 my 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 (Parent/Guardian): _____ Date: _____