

**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 – Y1**

Date: **Thursday, 20<sup>th</sup> June 2019**

Times: **8:30am to 16:00pm**

Activities to be undertaken: **Explore Cleethorpes**

Party Leader: **Mrs Butterworth**

**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: \_\_\_\_\_