

Please return this permission slip and medical form to your son/daughter's current school.

I give permission for my son/daughter (Please print name)

Current Primary School

to attend Highcliffe School for the Y6 Taster Session and to travel on the transport provided by Highcliffe School.

Parent name (please print)

Parent's signature.....

PARENTAL CONSENT FORM (for children and young people under the age of 18)	
The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed event.	
DATA PROTECTION	
Highcliffe School is a Data Controller for the purposes of the General Data Protection Regulation (2018). This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent. When you sign <u>or</u> complete this form, you are providing your consent to Highcliffe School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.	
DETAILS OF PROPOSED EVENT	
Event:	Year 6 Taster Session
Additional information:	
ACKNOWLEDGEMENT OF RISK	
This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level. To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given. Details of planning and risk assessment are available on request.	
STUDENT'S DETAILS	
Full name:	
Home address:	
MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	ALTERNATIVE EMERGENCY CONTACT DETAILS
Surname:	Surname:
Forename:	Forename:
Home address (inc postcode):	Home address (inc postcode):
Home telephone number:	Home telephone number:
Mobile telephone number:	Mobile telephone number:
Relationship to student:	Relationship to student:

GP name:	GP surgery address (inc postcode):
Surgery telephone number:	

STUDENT'S MEDICAL INFORMATION
Please provide detail of all medical conditions and illnesses and any treatments required to maintain health.
This information helps us to keep your son/daughter safe

Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, eg material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO

If the answer to any of these questions is YES, please give details:

TRIP PAYMENT
All trip payments are to be made using the school's online Wisepay facility

I have paid using Wisepay and my reference number isN/A.....	YES / NO
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CONSENT DECLARATION

I have received full details of the event, am satisfied with the arrangements and give consent for my son/daughter to take part in the proposed event.	YES / NO
I give consent for my son/daughter to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health.	YES / NO
I give consent for my son/daughter to be photographed during the event and for these photographs to be used in school media.	YES / NO
Any other information that may affect the safety of my son/daughter or any other persons and/or the organisation of the event has been provided to the organiser.	YES / NO

Signature:	Print name:	Date:
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