

**Attending Y6 Taster Session at Highcliffe School**

**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 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.....

<b>PARENTAL CONSENT FORM (for children and young people under the age of 18)</b>		
The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed event.		
<b>DATA PROTECTION</b>		
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.		
<b>DETAILS OF PROPOSED EVENT</b>		
<b>Event:</b>		
<b>Any additional information:</b>		
<b>ACKNOWLEDGEMENT OF RISK</b>		
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.		
<b>STUDENT'S DETAILS</b>		
Full name:		
Home address:		
<b>MEDICAL / EMERGENCY CONTACT INFORMATION</b>		
In an emergency I can be contacted:	Email:	Mobile:
	Home Tel:	Work Tel:
If unavailable contact:	Email:	Mobile:
	Home Tel:	Work Tel:
Our family doctor is:	Name:	Surgery:
Dr's Tel No:		
<b>Student's Medical Information</b>		
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. (Please continue overleaf if necessary.)		
<b>Other information</b>		
Please provide any other information that may affect the safety of your son/daughter or any other persons and/or the organisation and success of the event. (Please continue overleaf if necessary.)		
<b>CONSENT DECLARATION</b>		
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. I give consent for him / her 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. 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.		
<b>Signature:</b>	<b>Print name:</b>	<b>Date:</b>