**PARENT/CARER ANNUAL CONSENT AND MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS AND ADVENTUROUS ACTIVITIES FOR THE ACADEMIC YEAR 2021 – 2022**

**If you change your contact information, please inform school ASAP.**

**You may also submit changes to contact information on Firefly Parent Portal**

1. **DETAILS**

|  |  |
| --- | --- |
| **Pupil Name** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
| **Form** | Click or tap here to enter text. |

I agree to my child taking part in visits/trips for the 2021/2022 academic year and agree to their participation in the activities involved. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the decision to allow pupils to attend is always at the discretion of the school. Please confirm the above statement by ticking this option.

1. **EMERGENCY DETAILS**

I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I may be contacted by telephone using the following number(s) and by signing this form I confirm that I have received consent from the alternative contact(s) to add their details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | | | |
| Relationship to Child: | | Click or tap here to enter text. | | | |
| Home Tel: | Click or tap here to enter text. | Work Tel: | Click or tap here to enter text. | Mobile: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | | | | |

Please give an alternative contact point:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | | | |
| Relationship to Child: | | Click or tap here to enter text. | | | |
| Home Tel: | Click or tap here to enter text. | Work Tel: | Click or tap here to enter text. | Mobile: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | | | | |

Additional contacts (if required):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | | | |
| Relationship to Child: | | Click or tap here to enter text. | | | |
| Home Tel: | Click or tap here to enter text. | Work Tel: | Click or tap here to enter text. | Mobile: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | | | |
| Relationship to Child: | | Click or tap here to enter text. | | | |
| Home Tel: | Click or tap here to enter text. | Work Tel: | Click or tap here to enter text. | Mobile: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | | | | |

Child Health Service details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Card number:** | Click or tap here to enter text. | | |
| **Name of Doctor:** | Click or tap here to enter text. | **Telephone No:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | | |

1. **MEDICAL INFORMATION**

|  |
| --- |
| **Does your child suffer from any medical conditions?** Choose an item.**YES / NO** |
| If the answer is YES please provide details:  Click or tap here to enter text. |

**Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? YES/ NO**

If YES, please provide details: Click or tap here to enter text.

**Does your child suffer from any food allergies/intolerances?** Choose an item. **YES/ NO**

If YES, please provide details: Click or tap here to enter text.

**Has your child been immunised against the following diseases?**

Poliomyelitis: Choose an item. **YES/ NO**  Tetanus (lock jaw): Choose an item. **YES/ NO**

If YES to tetanus, please give details if known Click or tap here to enter text.

**Is your child taking any form of medication on a regular basis?** Choose an item.

If YES, please give full details, indicating the type of medication and dosage.

Click or tap here to enter text.

Please ensure that the school office is provided with adequate supplies of medication and dosage and that the relevant additional forms for these have been completed.

**To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?:** Choose an item. **YES/ NO**

If YES, please give full details:

Click or tap here to enter text.

1. **INSURANCE COVER**

I understand that school visits are insured and this includes cover for Personal Legal Liability and Personal Accident benefits, details of which will be provided by the school upon request. Any additional insurance required beyond this provision is my responsibility.

1. **DECLARATION BY PARENT/CARER**

* I have read the attached information provided about the proposed educational visits/trips and insurance arrangements.
* I consent to my child Click or tap here to enter text. taking part in the visits and trips for 2021/2022 and declare my child to be in good health and physically able to participate in all the activities mentioned.
* I will note where and when the pupils are to be returned on the trip/visits and I understand that I am responsible for my child getting home safely from that place.
* I will inform the school office of any relevant changes in the emergency contact details for my child.
* I note my child’s data will be used on approved school IT systems *(an approved IT systems list can be provided, if required)*.
* I am aware of the levels of insurance cover.
* I will ensure that any change in circumstances (e.g. recent medication or injury) which will affect my child’s participation in any visits/trips will be notified to the school/organisation prior to the visit.
* I am aware that the decision to allow a child to attend any educational trip or visit is at the discretion of the school.
* I note my child will be given first aid or urgent medical treatment during any such activity which is considered necessary during the visit/activity. I understand that should medical treatment be necessary every reasonable effort will be made to obtain my consent.

However, in an emergency I authorise the party leaders to consent on my behalf to any medical treatment which a medical professional feels is necessary.

* I agree for my child to be transported where necessary by public transport or in the private vehicle of staff/volunteers supervising the visit (with the correct insurance in place).
* I agree for my child to have their photograph taken for:

|  |  |
| --- | --- |
| School Material & Displays  (used within School) | Social Media & School Website  (Twitter, Facebook, etc…) |
| School Publicity and  External Publications | Promotional Content  (Prospectus, Brochures, etc…) |

* I agree for my child to appear and be mentioned in news articles on the school website

The educational visits covered by this consent include:

* all visits (**NB:** residential trips are not included)
* off-site sporting fixtures during or outside of the school day

1. **SCHOOL DOGS**

I give permission for my child to have interaction with the school therapy dogs

|  |  |
| --- | --- |
| **Name of Parent/Carer** | Click or tap here to enter text. |
| **Signature of Parent/Carer** | Click or tap here to enter text. |
| **Date** | Click or tap to enter a date. |

However, if you do not agree to any of the declarations above, please provide details below:

|  |
| --- |
| Click or tap here to enter text. |

You reserve the right to withdraw consent to information provided within this Parental Consent Form.

You may withdraw consent on any of the optional items within this form by contacting the Data Manager via [sharon.milligan@robertsutton.staffs.sch.uk](mailto:sharon.milligan@robertsutton.staffs.sch.uk) detailing your request.

Your request will be handled and actioned within 28 days of your request (term time).