

**ST MICHAEL'S C OF E PRIMARY SCHOOL, BAMFORD – PARENTAL CONSENT FORM
CONFIDENTIAL**

Data Protection Act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under the Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency to the Local Education Authority or emergency services, without your written consent.

Description of Activity:	Visit to Rochdale Fire Museum
Mode of transport:	Coach

Date and time of Activity:	Friday 2nd November 2018 10am-2pm
Teacher in Charge:	Mrs B Barker
Total Cost:	No cost to parents

1. Name of Participant. ----- Class or Tutor Group -----

2. Address. -----

----- Postcode -----

Tel. No. 1. -----

2. -----

3. Date of Birth -----

4. Alternative Contact, Address, and Tel. No. -----

(For emergency use)

5. Personal Information:

Please give details requested below or personal information, which might be relevant.

A. Has your child, to your knowledge, been in contact with any infectious illnesses in the last three weeks?

YES/NO If yes, give details -----

B. Does he/she suffer from allergies, Diabetes, migraine, Epilepsy, bad period pains or any illness or disability?

YES/NO If yes, give details -----

C. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food etc.)?

YES/NO If yes, give details -----

D. Is he/she actively sensitive to penicillin?

YES/NO If yes, give details -----

E. Is he/she receiving any medical treatment at present?

YES/NO If yes, give details of illness/disability and treatment -----

F. Date of last tetanus injection (if known) -----

G. Does he/she have any special dietary needs? -----

H. Can he/she swim 50m YES/NO

I. Name and Address of own Doctor -----

6. Insurance: Please note that Rochdale Metropolitan Borough Council holds a school journey insurance policy that automatically covers all persons participating in educational trips and residentials. Claims resulting from insured activities should be submitted in writing by the group leader or Headteacher and not by pupils, individuals or parents direct.

5. PARENTAL CONSENT

- i. I agree to my son/daughter (delete) taking part in the above activities.
- ii. I understand that the staff responsible for the activities will take all reasonable care of participants.
- iii. I acknowledge the need for my son/daughter (delete) to behave responsibly.
- iv. I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Signature _____ Date _____ Print name _____

Please return this form to school by Thursday 1st November 2018. If we do not receive a slip by that date I will assume you do not wish your child to take part.

I _____ THE PARENT /GUARDIAN of _____

agree that - a) I wish to withhold my consent for the above activity

Replies will be treated in strict confidence

Signed: _____ Date: _____

The school once received after signature may return a copy of this form to parent/guardian, should it be requested.