



PARENTAL CONSENT FORM

CONFIDENTIAL

PERSONAL DETAILS OF CHILD		
Surname (family name):		
First Name:		
Address:		
	Date of Birth:	
	Age:	
Postcode:	Male/Female:	

CONTACT INFORMATION	Primary Contact	Alternative contact
Name:		
Relationship:		
Contact No (day):		
Contact No (evening):		

HEALTH & MEDICAL INFORMATION			
Doctor's Name:	Doctor's Tel Number:		
Address:			
Postcode:			
Date of most recent tetanus injection if known:			
Please indicate whether your child has any of the following conditions and detail any specific medication or treatment that is prescribed and / or needs to be carried. Any medication must be clearly labelled with your child's name and handed into Mrs Salter, Miss Crockett or Miss Hawtin on Monday 23rd March.			
DOES YOUR CHILD HAVE	YES/ NO	Treatment / Medication	✓ to indicate you will be sending in medication
Asthma			
Allergies (medical or food related)			
Diabetes			
Bed wetting			
Epilepsy			
Travel sickness			
Other			

If the answer to any of these questions is yes, or if there is any other relevant information which will enable us to offer extra support and care for your child during the trip please give details here.

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***Norovirus or similar:** if your child is suffering from the norovirus (winter vomiting bug) or similar, or has been in close contact with someone who is, please do not allow your child to travel. If you are not sure please check with school.

OCCASIONAL PATIENT MEDICINE ADMINISTRATION

Staff accompanying children are required to act as any prudent parent in dealing with minor illness or injury.

Please indicate if you give permission for the administration of patent pain-killing medication ie. Calpol or Nurofen for children if deemed helpful by staff during the residential visit (eg. for headache / minor injury etc).

(Please circle) YES / NO

DIETARY NEEDS

Does your child have any specific dietary needs? (Please circle)

YES / NO

Please state what these needs are:

DIGITAL IMAGES

During the residential digital images may be taken of your child – both as a record of their participation and progress and as a school record of the residential visit (including sharing on the school website). If used on the website, images will not identify individuals by name. We would be very grateful for your consent to use such images.

I have read the above and I *DO / DO NOT (*please circle as appropriate) give consent for use of digital images of my child as described.

PARENTAL CONSENT

I have read all the information provided to me and agree to my child participating fully in the residential. I agree to my child receiving emergency medical treatment considered necessary by appropriate medical professionals.

Parental/guardian signature:

Date:

Summary of Cover

Policy Number SL 18AC04 – 0036

1. Section 1 – Cancellation and other Expenses **Limit per person - £1,000**
For example, where the journey is cancelled in full or part or if, after it commences, extra travel or accommodation expenses are incurred because of an event beyond the control of the Insured.

2 Medical and Associated Expenses **Limit per person - £1,000,000**
For example, costs incurred by parents for return travel and board in visiting a child detained in hospital.

3 Personal Accident
Cover for travel to and from Centres and whilst participating in all activities arranged by the Centres.
A scale of compensation is provided based on a maximum of £20,000 in the event of permanent total disablement.

4 Personal Effects and Money **Limit per person £1,500**

The cover provides for loss of or damage to personal effects up to a limit of £250 for any one item, and £400 money.

There is an excess of £15 on each claim.

Property left overnight in an unattended vehicle **will not** be covered.

5 Legal Liability **Limit any one event £5,000,000**

**In the event of a possible claim please telephone the Insurance Team
on 01865 797321**