



Educational / Recreational Visits - Parental Consent & Indemnity

Please complete this form as fully as possible. The completing of this form will not only consent the pupil stated below to attend and participate in activities as described in documentation from the school / establishment, but also, provide essential information in the event of an emergency. If you have any queries as to the nature of activities or conduct of the educational / recreational visit, please do not hesitate to contact the group leader in charge of the visit.

Name of Participant

Home Address.....

..... Postcode

Telephone Number/s.....

Details of Visit/Activity: **Army Pathfinder Residential Course, Wathgill, North Yorkshire**

Date From: 12th November 2018 9.30am

To: 15th November 2018

- **Return time may change due to traffic or weather conditions on the day.**

I hereby consent to the attendance of my son /daughter, upon the above educational / recreational visit when the person(s) in charge of the party will be appointed by Darlington Borough Council. I also agree to his/her participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on his/her part.

Medical Information

a) Does your son/daughter suffer from any conditions requiring medical treatment?

Please specify : YES NO

If YES - please give brief details and describe the medication, dosage and frequency required:.....
.....

I further consent to the giving of any such urgent medical or surgical treatment, including anaesthetic to my son / daughter, as considered necessary by the medical authorities present as a result of an emergency during the educational / recreational visit.

Has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or may become contagious or infectious?

Please specify : YES NO

If YES, please give brief details:.....

c) Is your son / daughter allergic to any medication ?

Please specify : YES NO

If YES, please give brief details

.....
.....

d) Has your son / daughter received a tetanus injection in the last five years ?

Please specify : YES NO

If YES, please give brief details

.....

e) Please specify any dietary requirements for your son / daughter :

.....

DECLARATION

Please sign to acknowledge your agreement and consent. If you have any reservations or queries in connection with the activities, please contact the group leader in charge.

In consideration of the person in charge of the visit agreeing to the inclusion of my son / daughter as a member of the visit, I hereby undertake to indemnify him/her and any other member of the visit against any reasonable expenses incurred on behalf of my son / daughter during the visit.

With reference to insurance cover, my son / daughter will be covered for personal accident if the school takes out School Journey Insurance cover available from Darlington Borough Council. If this cover is taken, my son / daughter will be covered for personal accident and loss, damage or theft of personal belongings.

Parent / Guardian name (please print):.....

Signed:..... **Parent / Guardian**

Date:.....