

NINE ACRES COMMUNITY PRIMARY SCHOOL

South View, Newport, Isle of Wight, PO30 1QP
www.nineacrespri.iow.sch.uk 01983 522984
Headteacher: Mrs E. Dyer BA Hons QTS, NPQH

We are **Articulate** We are **Passionate** We are **Persuasive** We are **Positively Influencing The World Around Us**

'Striving for Excellence'

PARENTAL / LEGAL GUARDIAN ANNUAL CONSENT FORM – EV3

(For use with all Schools and Youth Groups)

School / Youth Group / Project

NINE ACRES COMMUNITY PRIMARY SCHOOL

FOR TRIPS WHICH ARE NOT ADVENTUROUS OR RESIDENTIAL:

BETWEEN: **01/09/2022** AND **21/07/2023**

EXAMPLES OF TRIPS THAT ARE COVERED BY THIS CONSENT:

Day trips to the mainland, Sports fixtures, single day trips on the Isle of Wight

I agree to my son/daughter – **NAME:**

DATE OF BIRTH:

Taking part in the above mentioned visit and having read the information sheet agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

Does your son/daughter suffer from any condition/allergy, etc requiring medical treatment, including medication?

YES OR NO

(Please circle)

Is your son/daughter allergic to any medication?

YES OR NO

If YES, please specify.

(Please circle)

Has your son/daughter received a tetanus injection in the last 5 years?

YES OR NO

(Please circle)

Please outline any special dietary requirements of your child.

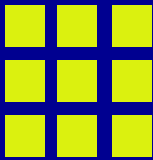
I undertake to inform the Headteacher as soon as possible of any changes in medical circumstances between the date signed and the end of the academic year.

YES OR NO

(Please circle)

PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF





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DECLARATION

In the unlikely event of my son/daughter withdrawing from the trip, I understand that I will be responsible for any costs that cannot be recovered by virtue of the insurance cover provided.

I understand that I am responsible for any damage or injury caused by my son/daughter during his/her time away, except accidental damage or injury, and fully indemnify the organiser of the journey in respect of any financial loss which may be incurred in this way.

I give my unconditional consent to my son/daughter receiving medication as instructed and any emergency dental, medical, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I consider my son/daughter to be capable of full participation.

I understand the extent and limitation of insurance cover provided. Note: Details of Insurance Policy in place can be obtained from the school office on request.

I may be contacted by telephone if necessary.

My Home Address is:

Postcode:

My Contact Details are:

Home:

Mobile:

Work:

If not available at above, please contact:

Name:

Address:

Telephone:

Our Family Doctor is:

Name:

Surgery Address:

Telephone:

Signed: (Parent/Legal Guardian)

Date:

/ /

A copy of this form must be taken by the group leader on the activity.

A copy should be retained by the Home Base Contact

