

# Parental / Legal Guardian Annual Consent Form

EV3

For use by all Schools and Youth Groups

<b>School/Youth Centre/Project:</b>  <b>NINE ACRES COMMUNITY PRIMARY SCHOOL</b>	
<b>FOR TRIPS WHICH ARE NOT ADVENTUROUS OR RESIDENTIAL ONLY</b>  <b>Between: 31/08/2021 and 22/07/2022</b>	
Examples of trips which are covered by this consent:  Day trips to the mainland, sports fixtures, 1 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? If YES, please give details	YES / NO
Is your son/daughter allergic to any medication? If YES please specify.	YES / NO
Has your son/daughter received a tetanus injection in the last five years? Please give date if known:	YES / NO
Please outline any special dietary requirements of your child.	
I undertake to inform the Head teacher as soon as possible of any change in medical circumstances between the date signed and end of the academic year.	

***PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF***

## *DECLARATION*

In the unlikely event of my son/daughter withdrawing from a 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 the Insurance Policy in place can be obtained from the school office on request.

I may be contacted by telephone if necessary.

<b>My Home Address is:</b>	<b>My Contact Telephone Numbers are:</b>
	Home:
	Mobile:
	Work:

<b>If not available at above, please contact:</b>	<b>My Family Doctor is:</b>
Name:	Name:
Address:	Address:
Telephone:	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*