



## PARENTAL CONSENT FORM

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 Department for Education guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Authority, without your written consent.

School: **Helston Community College**

1. Details of visits: **All trips, visits and PE fixtures (including swimming) from 1 September 2016 to 31 August 2017.**

2. Student's Name \_\_\_\_\_ Tutor Group \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

6. Emergency address and telephone (if different from above): \_\_\_\_\_  
\_\_\_\_\_

7. Personal information: Please give details requested below and 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, sleepwalking, bedwetting or any other illness, medical condition or disability?  
**YES**  **NO**  If yes, give details of the condition and its treatment.  
\_\_\_\_\_

C. Is he/she allergic to anything (e.g.: Penicillin, other medications, elastoplast, food or drink)?  
**YES**  **NO**  If yes, give details \_\_\_\_\_  
\_\_\_\_\_

D. Is he/she receiving any medical treatment at present? Please include epipen, asthma inhaler etc?

**YES**  **NO**

If yes, give details of illness/disability and treatment:  
\_\_\_\_\_  
\_\_\_\_\_

E. Date of last anti-tetanus injection: \_\_\_\_\_

F. Does he/she have any special dietary needs? \_\_\_\_\_  
\_\_\_\_\_

G. Can he/she swim 50 metres? **YES**  **NO**

H. Name and address of your doctor: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

8. **Insurance.** Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by Zurich Municipal insurance in the event of negligence by one of the school's employees or agents. Details are available on request.

### 9. PARENTAL CONSENT:

- i. I have read the information provided and agree to my son/daughter taking part in the above activities.
- ii. I acknowledge the need for him/her to behave responsibly at all times.
- iii. I understand that the staff responsible for the activities will take all reasonable care of participants.
- 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.
- v. I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LA guidance.
- vi. I consent to my child being given paracetamol and/or any other medication or treatment given or prescribed by a doctor.
- vii.

**Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_

A copy of this form may be returned to the parent/carer by the school once received after signature, should it be requested.