

**Parental Consent Form**

<p><b>PARENTS – TEAR OFF &amp; KEEP PAGES 1 &amp; 2 FOR INFORMATION . SIGN AND RETURN PAGES 3 &amp; 4 .</b></p>
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**1. Details of visit:**

Name of school/ Organisation \_\_\_\_\_ Park Spring Primary School \_\_\_\_\_

Venue/ Location \_\_\_\_\_ Details sent by letter at the time of the trip

**Date & Times – Details sent by letter at the time of the trip**  
**Accommodation / centre (if used):**

Name \_\_\_\_\_ N/A \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel. No \_\_\_\_\_

**Named contact/Head of Centre**

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**2. Place(s) to be visited**

<p>Details sent by letter at the time of the trip</p>
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**3. Group & Deputy Leader**

Name of Leader	Details sent by letter at the time of the trip
Name(s) of deputy	Details sent by letter at the time of the trip

**4. Names & designation of other adults accompanying the party**

Name	Designation
<p>Details sent by letter at the time of the trip</p>	

**5. Size and composition of the group**

Number of girls		Number of Boys		Total number of pupils	
Age Range		Age range		Total number of staff	

**6. Adult : Pupil Ratio \_\_\_\_\_ :**

**7. Name of organising company/agency**

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**8. Transport/travelling arrangements**

Details sent by letter at the time of the trip
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**9. Financial arrangements**

Details sent by letter at the time of the trip
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**10. Brief details of programme of activities –a separate itinerary may be attached**

Details sent by letter at the time of the trip
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**11. Brief details of adventurous/ hazardous activities and associated specific requirements/qualifications.**

Activity	Special requirements
Details sent by letter at the time of the trip	

**12. Brief details of any activities not listed above that are water based / involve water.**

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**13. Name and contact telephone number of school contact person**

Mrs Rachel Horan 0113 2552526
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**14. Contact for viewing risk assessments**

<b>Mrs Houghton</b>
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**PARENTS – SIGN AND RETURN PAGES 3 & 4. KEEP PAGES 1 & 2 FOR INFORMATION. Please note if this form is not signed the pupils will not be permitted to go on the visit.**

**Childs Name** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Name of school/ organisation** \_\_\_\_\_

**Venue/Location** \_\_\_\_\_ **Details sent by letter at the time of the trip**

**Date & Times - Details sent by letter at the time of the trip**

**15. Medical information** (\*please circle and delete where applicable)

(a) Does your son / daughter suffer from any conditions requiring medical treatment? YES/NO\*

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

If the schools policy is to administer medication then by signing this form you are giving your consent for staff to administer any agreed medication.

b) 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? YES/NO\*

If YES please give brief details:

(c) Is your son / daughter allergic to any medication or suffers from any allergies? YES/NO\*

If YES please specify

(d) Has your son / daughter received a tetanus injection within the last five years? YES/NO\*

(e) Please outline any special dietary requirements of your child.

**16. Information relating to specific activities.**

(a) For adventorous / hazardous activities detailed in item 11, does your child suffer from any medical condition that may affect their ability to undertake the activities ? YES/NO\*

If YES please provide brief details

(b) For overnight visits only. Does your child have any specific needs or conditions that affect overnight stays e.g sleepwalking, bed wetting, frequent nightmares, trouble sleeping. YES/NO\*

If YES please provide brief details.

(c) For activities listed in item 12 please give details of your child's ability in water -

Is your child water confident in a swimming pool?	Yes/No *
Can your child swim 50 metres in a swimming pool?	Yes/No *
Has your child ever been in the sea?	Yes/No *
If yes is your child water confident in the sea?	Yes/No *
Has your child ever been in open inland water (e.g. lake, river)?	Yes/No *
If yes is your child water confident in inland open water?	Yes/No *
Does your child suffer from any medical condition that may affect their ability to swim?	Yes/No *
Details of above:-	

**17. Declaration**

*The Council or its agents will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the Council's negligence.*

*I understand that the decision to provide emergency medical treatment rests with the medical authority. I will provide information below to assist a medical practitioner in their decision to give emergency treatment.*

**Emergency contact and home address**

Name	
Address	
Telephone – Home:	Work:

**If not available at the above please contact:**

Name	
Address	
Telephone	

**Name, address and telephone number of family doctor**

Name	
Address	
Telephone	

**Information to provide a medical practitioner prior to giving emergency medical treatment**

Childs National Health Number :
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**Declaration of consent:**

**I agree to my son / daughter taking part in the visit outlined above 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.**

**I undertake to inform the Group Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the commencement of the visit.**

“Under the terms of the Data Protection Act 1998 we must inform you of the following. By signing this form you are giving your explicit consent to Education Leeds to process your data. The processing involved will be for the purpose of monitoring health and safety in Education Leeds in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies, and sites your child visits to enable them to meet their health and safety responsibilities in providing for your child.  
I consent to Education Leeds processing the information detailed in this form. I understand that this will be used by the company in pursuance of its business purposes and my consent is conditional upon Education Leeds complying with their obligations under the Data Protection Act 1998.”

**Signed** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_