

Send to parent

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PARENTS – TEAR OFF & KEEP PAGES 1 & 2 FOR INFORMATION. SIGN AND RETURN PAGES 3 & 4 .

1. Details of visit:
Name of school/ organisation: Park Spring Primary School

Venue/ Location: Armley Leisure Centre

Date & Times: Every Thursday 11.15-12.20 excluding first and last Friday of each full term

Accommodation / centre (if used):
Name: Armley Leisure Centre

Address: Carr Crofts, Leeds LS12 3HB

Tel. No: 0113 3367880

Named contact / Head of Centre

Please contact school.

2. Place(s) to be visited

Armley Leisure Centre swimming pool.

3. Visit & Deputy Leader

Name of Leader	Mr Shaw
Name(s) of deputy	Miss Thompson

4. Names & designation of other adults accompanying the party

Name	Designation
Mrs Holmes Mrs Gunning Miss Moore	PE TA TA TA

5. Size and composition of the group

Number of Girls	23	Number of Boys	35	Total number of pupils	58
Age Range	8-9	Age range	8-9	Total number of staff	Travelling Teaching

6. Adult : Pupil Ratio 5:58 when travelling 8:58 when teaching. 1 pupil 1:1

Parental Consent Form

7. Name of organising company/agency (if relevant)

Leeds City Council (Active Leeds)

8. Transport/travelling arrangements

Hired designated bus

9. Financial arrangements

N/A

10. Brief details of programme of activities –a separate itinerary may be attached

Swimming Lessons

11. Brief details of adventurous/ hazardous activities and associated specific requirements/qualifications.

Activity	Special requirements
Swimming	Need to be able to undress and dress independently.

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

As above

13. Name and contact telephone number of school contact person

School office 0113 2552526

14. Contact for viewing risk assessments.

Please contact school.

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: Park Spring Primary School

Venue/ Location Centre: Armley Leisure Centre

Date: Every Thursday during term time apart from first and last of each full term.

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) If your child has been diagnosed with asthma please take any prescribed inhalers on the school trip. Please sign below to confirm your agreement that we may use a school salbutamol inhaler if the pupil's prescribed inhaler is not available, broken, or empty.

I agree to the school using a salbutamol inhaler.....

c) 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:

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

If YES please specify

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

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

16. Information relating to specific activities.

(a) For adventurous / 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.

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17. Declaration

The School 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 School'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.

*The school can share my information with emergency services and other specialist parties if required and as needed for the purposes of health, safety and wellbeing. * see below*

Emergency contacts and home address (two required)

Name	Relationship to child -		
Address			
Telephone – Home:	Work:	Mobile:	

If not available at the above please contact:

Name	Relationship to child -	Partner to above / Friend / Neighbour
Address		
Telephone – Home:	Work:	Mobile:

Name, address and telephone number of family doctor

Name	
Address	
Telephone	

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

Child's National Health Number
Child's EHIC Number (If visiting EU):

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 Visit 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 2018 we must inform you of the following. By signing this form you are giving your explicit consent to the *School* to process your data. The processing involved will be for the purpose of monitoring Health and Safety in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies. I consent to the School processing the information detailed in this form. I understand that this will be used by the school in pursuance of its business purposes and my consent is conditional upon the School complying with their obligations under the Data Protection Act 2018 and **General Data Protection Regulation (GDPR) 2018**”

Signed _____

Print Name _____ Date _____