



KINGSBURY SCHOOL

PARENT/CARER CONSENT AND INFORMATION FORM FOR EDUCATIONAL VISITS AND ACTIVITIES



Name of Child:

Date of Birth: Tutor Group:

I give permission for my child to take part in activities or visits as organised by Kingsbury School.
School will send you information about each trip or activity before it takes place.

I give permission for my child to take part in Extended Learning Environment lessons.
Additional information can be obtained on our school website.

MEDICAL INFORMATION

Details of any medical condition that my child suffers from and medication my child should take during off-site visits:

.....
.....

My child suffers from the following allergies:

My child suffers from travel sickness. Yes No

Family doctor: Telephone Number.....

Address: (Including Medical Centre Name)

.....

DIETARY INFORMATION -

Does your child eat:-

	Chicken	Beef	Lamb	Pork	Fish	Cheese	Eggs	nuts	Any other dietary requirements
Yes/No									

EMERGENCY CONTACT DETAILS

Name of parent/carer.....

Address:

Telephone numbers:

daytime: evening..... mobile:

Email address:

IT IS IMPORTANT THAT YOU READ AND SIGN THE DECLARATION OVERLEAF

Alternative emergency contact should parents/carers not be available:

Name: Relationship to child:

Address

Telephone numbers:
daytime: evening: mobile:

Please sign to confirm the above information

DECLARATION

I agree to my child attending trips/activities as organised by Kingsbury School.

I understand that all reasonable care will be taken of my child during the visits/activities and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to himself/herself or to others, then he/she may be sent home early from the visit/ activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I agree to my son/daughter to be given first aid or urgent medical treatment during any school trip or activity.

Full name of parent/carer (PRINT):

SIGNED: Date:

EXPLANATORY NOTES

This form serves several important functions:

1. It confirms your knowledge of and your agreement to your child's participation in planned visits/activities
2. It advises you that the Children, Learning and Young People's Service will **NOT** necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
3. It contains information about your child together with your consent to medical treatment if required.
4. It gives the supervising staff immediate information on how to contact you in an emergency.

Data Protection The Trust will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection act 1998, and in accordance with the Trust's Data Protection Policy and in order to meet statutory obligations.

Data collected is used for registration and monitoring purposes, and to ensure emergency contact information updated.