

Parental / Legal Guardian Consent Form

EV3(i)

For use by all Schools and Youth Groups

School/Youth Centre/Project GODSHILL GRIFFINS PRESCHOOL	
Journey/Visit to: Various	
From: 05/09/2023 to: 31/07/2024	
Details of Journey: Various trips throughout the year details of which will be sent at the time of each trip	
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.	
Medical Information: Does your son/daughter suffer from any condition/allergy, etc. requiring medical treatment, including medication? If YES, please give details	YES / NO
To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious. If YES please give brief 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 party leader as soon as possible of any change in medical circumstances between the date signed and commencement of the journey.	

PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

DECLARATION

In the unlikely event of my son/daughter withdrawing from the journey 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.

In respect of trips outside the UK, I authorise the group leader to give whatever authority might be necessary should emergency dental, medical or surgical treatment be required by my son/daughter, 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.

My Home Address is:

My Contact Telephone Numbers are:

Home:

Mobile:

Work:

If not available at above, please contact:

My Family Doctor is:

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*