

**PARENTAL CONSENT / MEDICAL FORM****EV4**

|                              |                             |               |  |
|------------------------------|-----------------------------|---------------|--|
| School                       | South Stanley Junior School |               |  |
| Name of Pupil / Young Person |                             | Date of birth |  |

**1. General consent**

I agree to my son/daughter participating in educational visits and other off-site activities including –

- All school organised off-site activities before, during and after the school day where a higher level of risk management is required.
- All visits (including residential visits) which take place during the holidays or a weekend.
- Adventure activities at any time.
- Off-site sporting fixtures outside the school day.
- All off-site activities for nursery schools.

In exceptional circumstances a further consent may be requested but the school will send parents information about each trip or off-site activity before it takes place.

You can, if you wish, tell the school that you do not want your child to take part in any particular visit or activity where parental consent is required.

Please note that parental consent is not required for low risk activities during the school day where the activity is a normal part of your child's education at the school.

This consent will apply for the duration of my son/daughters enrolment at the above school or until withdrawn in writing.

**2. Medical information about your child**

I agree 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.

I will inform the school/group leader of any changes in medication that is relevant to educational visits and off-site activities.

Please list any medical conditions or prescribed medication you want the school and group leader to be aware of. Include details of all medication your child will need to take on visits / off-site activities.

**List all medical needs -**

I hereby undertake to indemnify the school, Durham County Council and the staff accompanying the group against any costs and expenses reasonably incurred by them on behalf of my child during the visit (for example, the cost of replacement food or clothing not supplied for a trip/visit). This indemnity will not extend to any claims, damages, costs or expenses against the risk of which Durham County Council or member of staff are entitled to be indemnified under any policy of insurance.

**3. Signature of parent / guardian.**

**Please sign this form if you agree with all the above.**

|                            |  |                              |  |
|----------------------------|--|------------------------------|--|
| Name (capitals)            |  | Relationship to young person |  |
| Signature                  |  | Date                         |  |
| Emergency contact number – |  |                              |  |