

Educational Visits Parents/Carers consent form

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|---|--|---------------------|--|
| Pupil name: | | Tutor group: | |
| Visit details: | | | |
| Date of visit (or departure date): | | | |

Please sign below if you agree to the following information. If there is any aspect which you do not consent to then please draw a line through the information and write your initials next to it.

- I agree to my child (named above) taking part in this visit. Having received the information given, I agree to their participation in all of the activities described.
- My child is fully aware of their responsibilities and the need to behave in an appropriate manner at all times.
- I am aware that I will be responsible for payment of any damage caused by my child.
- I understand that if my child behaves in an unacceptable manner I may be asked to finance their early return.
- I will only allow my child to travel if fully fit.

Dietary requirements

Please include in the space below any dietary requirements your child has, e.g. Halal, vegetarian, etc.

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Emergency medical consent

- I agree to my child receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In the event of an accident where emergency procedures are not required, it may be necessary to transport a pupil to a medical centre or hospital. In these circumstances I give permission for my child to be transported with a member of the Academy staff.

I understand that I am able to request information relating to the extent and limitations of the insurance cover provided and understand that I am able to take out further additional cover for my child at my own expense

Unsupervised time

On certain educational visits, pupils may be given time to explore in small unsupervised groups (never alone). The group leader will set clear guidelines and expectations if this occurs, including return times and where pupils are permitted to go. Pupils will always be given the option to remain with members of staff.

- I give permission for my child to be unsupervised whilst on this visit.

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|--------------------------------|--|--------------|--|
| Parent/carer signature: | | Date: | |
| Name: | | | |

Your child's emergency contact information may be shared with the venue/tour organisation, if required.
If you would like to discuss any aspect of this visit please contact the visit leader at the Academy.