



## BUCKINGHAM PREPARATORY SCHOOL

### Parental Consent Form for a Trip/Outing (2 sided)

Please return to School Office by: **Wednesday 12<sup>th</sup> September 2018**

#### SCHOOL TRIP – GENERAL CONSENT TO PARTICIPATE IN ALL SCHOOL OFF-SITE ACTIVITIES

This form provides blanket consent for your child to take part in any off-site school trips/activities. Please provide all necessary information. It is your responsibility to ensure that any changes to this information are notified immediately to the school office. The information contained in this form will be used to ensure the safeguarding of your child at all times while on a school trip.

Full Name of Pupil: ..... Class.....

Address: .....

Date of Birth: .....

Telephone (Home): ..... (Work): .....

#### **Health:**

I/We certify that to the best of my knowledge and belief the child is in good health. I/We am aware of no reason on medical grounds why the child should not be a member of the party for this trip.

Yes/No

#### **Medical Consent:**

I hereby give permission to the Trip Leader from BPS to give the immediate necessary consent, on my behalf, for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I also agree to indemnify the school in respect of any expenses incurred due to my son receiving medical treatment during the trip.

I give permission for the Trip Leader to administer the following first aid treatment (please tick box):

Calpol

Nurofen

Plasters

#### **Accident/illness:**

All trips are booked after a full risk assessment is carried out. However, should my son be involved in an accident and require immediate medical treatment or become ill, I agree to my son receiving first aid and medical treatment from qualified practitioners. This will include, but not be restricted to, the receipt of a blood transfusion and the use of anaesthetic as may be considered necessary by a registered licensed medical practitioner.

I further agree that I will indemnify the school in respect of any expenditure reasonably incurred by them against any payment they may become liable to pay as a result of any such injury/illness.

Yes/No

<p><b>Transport:</b></p> <p>I/We consent to the child travelling by any form of public transport and/or in a motor vehicle driven by the Party Leader or any other responsible adult member of the party who is authorised by law and duly insured to drive.</p>	Yes/No
<p><b>Personal Effects of the Child:</b></p> <p>I/We acknowledge that the child will be responsible for the safety of his/her own money and personal effects. We will not hold the School responsible for losses unless caused by the negligence of the School. I further promise that I will indemnify the staff/school in respect of any expenditure reasonably incurred by them against any claims or costs they may become liable to pay in consequence of any such loss/damage.</p>	Yes/No
<p>I agree, as a condition of the child being allowed to go on this trip, that all such costs and liability to the extent occasioned by any genuine need or caused or contributed to by the act or default of the child will be added to my account with the School and will be payable by me/us, except where caused by the negligence or other wrongdoing of the School or its staff.</p>	Yes/No

Please complete the section below and if not applicable please state as such.

<p><b>Medical Conditions (including allergies):</b></p>
<p><b>Medication required:</b></p>
<p><b>Dietary requirements:</b></p>

Parent name and contact number(s) in case of emergency:

.....

Authorised person's name and contact telephone number(s) in case of emergency:

.....

I have read and understood the notes and conditions listed above and I have provided the most up to date information as requested. Should any of these details change I will ensure that the school is informed. I am aware that these details will be taken on all trips and will be used should the need arise.

**Parental signature(s):** ..... **Date:** .....