

**Parent/Carer consent**

**Form B Out of School Visits**

Having read the relevant information regarding the visit/activity I agree to my child \_\_\_\_\_ taking part.

Venue \_\_\_\_\_

Date \_\_\_\_\_

Contact Details :Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternative Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Information: Details of any medical, physical or psychological condition that may affect your child during the visit:

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Details of any medication that your child should take during a visit:

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Does your child self-administer the above medication? **YES / NO**

*It is the parent's responsibility to ensure that medication which should be carried by your child is taken with them on the visit. In some circumstances failure to carry the appropriate medication may result in your child not being able to go on the trip. This is entirely for your child's safety.*

**I understand that:**

- all reasonable care will be taken of my child during the visit;
- my child will be under an obligation to obey all directions given and to observe all rules and regulations governing the visit and will be subject to all normal school discipline procedures during the visit;
- my child is covered by the County Council's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the Council or one of its employees. I understand that this insurance policy does not include personal accident or personal belongings cover, for my child and I may wish to arrange this privately.

Name of Parent/Carer: (print please) \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_