



Kindness Empathy Respect Responsibility Honesty Resilience

Consent form for school trips and other off-site activities for children and young people attending the Hospital and Home Education learning Centre which includes;

- The Nottingham Children’s Hospital School
- Sherwood Education Centre and Home Education
- The Lookout Education Centre

1. CONSENT FOR PARTICIPATION IN SCHOOL VISITS

Please sign and date the form below if you are happy for your child/young person

- a) To take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - all visits (including residential trips) 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.
- The school will send you information about each trip or 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 school trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school’s curriculum and usually take place during the normal school day.

Please complete the details below (if applicable) and sign and date this form if you agree to the above.

I acknowledge the need for obedience and responsible behaviour on their part. I understand the extent and limitations of the insurance cover provided.

If there are any activities in which your child cannot participate, please give details: _____

If water activities are involved, is your child/young person confident in water? (please circle)

YES / NO / NOT APPLICABLE

2. MEDICAL INFORMATION, DECLARATIONS AND CONSENT:

a) Child/young person’s date of birth: _____

b) Does your child/young person suffer from any conditions of which the staff leading the visit should be aware:

YES / NO



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Please give details of anything we need to know about to safety care for your child/young person e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc: _____

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc: _____

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before any visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

I give my consent ** for child/young person to self-administer the above drugs.

**** Delete if not applicable**

d) To the best of your knowledge, you agree to inform us if your child/young person has been in contact with any contagious or infectious diseases or suffered from anything at any point in the year that may be, or become, contagious or infectious?:

YES / NO

e) Is your child/young person allergic to any foods or medication:

YES / NO

If **YES**, please specify: _____

f) When did your child/young person last receive a tetanus injection?: _____

g) Please outline any special dietary requirements of your child/young person: _____



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- h) **I undertake** to inform the group leader/head of establishment as soon as possible of any change in the medical or other circumstances.
- i) **I agree / do not agree** to my child/young person receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. CONTACT NUMBERS:

- a) I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

My home address is: _____

- b) If not available at home, please contact:

Name: _____ Telephone Number: _____

Address: _____

- c) Name, address and telephone number of family doctor: _____

4. ANY OTHER RELEVANT INFORMATION:

5. SIGNATURE:

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Carer/Guardian

1 copy to be held by Hospital and Home Education Learning Centre

1 copy to be taken by Leaders on school visits