

PARENTAL CONSENT / MEDICAL FORM – SHINCLIFFE PRIMARY SCHOOL

School/Group	Shincliffe C. of E. (Controlled) Primary School		
Visit to / Venue	Proposed visits to include: Shincliffe St Mary's Church, local walks in High Shincliffe and the park. Educational Visits of up to half and full day R – Year 6. Sporting and after-school activities. (This form will be retained in personal file)		
Activities			
Pupils Name		Date of birth	

Date of Departure	Various	Time	Various
Date of Return	Same day	Time	Various

1. General consent and indemnity (please tick)

I have received and read information the school/CYPS has provided for me outlining the type of visit and I understand the purpose and nature of the activities. I understand that during the visit the group will be under the supervision of a suitably qualified and experienced member of staff.	YES		NO	
I hereby undertake to indemnify Durham County Council and the staff in charge of the group against any claims, damages, costs and expenses reasonably incurred by them on behalf of my child during the 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 in charge are entitled to be indemnified under any policy of insurance.	YES		NO	

2. Medical Information about your child (please tick)

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.	YES		NO	
I will inform the group leader as soon as possible of any changes in the medical or other circumstances between now and the date of the visit.	YES		NO	

Please list any medical conditions or prescribed medication you want the group leader to be aware of.

(In special circumstances, you may wish to talk to the group leader prior to departure).

List all medical needs -

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3. Signature of parent / guardian.

I am therefore willing to allow my child to take part in the proposed visit(s) activities.

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

