

**EDUCATIONAL VISITS AND JOURNEYS
CONSENT FORM – DAY/RESIDENTIAL/HAZARDOUS ACTIVITIES
OUSEDALE SCHOOL, NEWPORT PAGNELL**

1. DETAILS OF JOURNEY

Journey/visit to: **Saltzburger Sportwelt, Austria (Ski Trip Feb 2018)**

From: **Saturday 10th of February 2018** To: **Saturday 17th February 2017**

I agree to my son/daughter (**NAME**)_____ (**FORM**)_____ taking part in the above-mentioned visit and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. MEDICAL INFORMATION

Does your son/daughter suffer from any conditions requiring medical treatment or medication?

YES / NO

If **YES** please give details _____

To your knowledge has your son/daughter been in contact with any contagious or infectious diseases, or suffered from anything in the last four weeks that may be, or become, contagious or infectious?

YES / NO

If **YES** please give details _____

Is your son/daughter allergic to any medication?

YES / NO

If **YES** please give details _____

Has your son/daughter received a tetanus injection in the last five years?

YES / NO

Does your son/daughter have any special dietary requirements?

YES / NO

If **YES** please give details _____

3. DECLARATION

To the best of my knowledge my son/daughter is not suffering from any medical condition that makes them unfit to participate in this visit. I agree to my son/daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

For overseas visits and journeys, the UK has strict security measures in place to keep dangerous items from being carried. I have made it very clear to my child that he/she must not carry or purchase any items that contravene the UK security measures including sharp objects or liquids. Anyone doing so will be disciplined by the school on their return and dealt with by the police if necessary.

PUBLICITY PHOTOGRAPHS

Please give consent below for your son/daughter to appear in publicity photographs by signing below:

Signature:.....(parent/carer)

I may be contacted by telephoning the following numbers:

Work: _____

Home: _____

My home address is: _____

If not available at above, please contact:

Name: _____

Telephone number: _____

Address: _____

Name, address and telephone number of family Doctor: _____

Signed: _____ Name (printed) _____

The Group leader will take this form on the activity. A copy will also be held by an emergency contact. All forms and copies are destroyed after use in accordance with the Data Protection Act.