

## CONFIDENTIAL PARENTAL CONSENT FORM

Name: \_\_\_\_\_

Tutor group: \_\_\_\_\_

Consent for participation in the visit to: \_\_\_\_\_

on: \_\_\_\_\_

Planned transport arrangements: \_\_\_\_\_

Visit Leader: \_\_\_\_\_

### MEDICAL INFORMATION

Has been checked by parent on Parent View

### CONTACT DETAILS

Have been checked by parent on Parent View

If you have any problems accessing Parent View please email [SLG@arnoldhillacademy.co.uk](mailto:SLG@arnoldhillacademy.co.uk)

### **TEMPORARY MEDICAL INFORMATION (applicable only during this trip) AND/OR ANY DIETARY INFORMATION NOT LISTED ON PARENT VIEW**

### **CONTACT DETAILS TO BE USED FOR THIS TRIP**

Name \_\_\_\_\_

Telephone No \_\_\_\_\_

Name \_\_\_\_\_

Telephone No \_\_\_\_\_

If your son/daughter's medical condition and/or contact details change prior to this trip, please notify the Visit Leader. If it is a permanent change then please update Parent View.

I **agree** to my son/daughter taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that in emergency it may be necessary for pupils to be transported in staff vehicles. I **agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I have paid for this trip on Scopay

I **understand** that all monies paid may be non-refundable should my son/daughter withdraw from this trip.

### **Signature of Parent**

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

**Please return this form to PSU (Pupil Support Unit), B Block FAO DEB CAMPION, TRIPS**