



Cape Cornwall School Local Off-Site Activities - Parental Consent Form

Dream, Believe, Persevere, Achieve

This form has been produced for parents/carers of students to complete with regard to school visits and gives the necessary authority to the school to allow your child to take part in the activity. Please note, this is a general consent form that will enable us to pre-plan our visits. You will still be required to sign a consent slip for every trip that your child participates in.

PLEASE NOTE that in signing this form, your rights are not affected in any way. We are collecting this personal information from you for the purposes of providing an education to your child and need to process data for the purposes of complying with a legal obligation or performing our public function. You have rights in relation to your personal data and these are set out in our Privacy Notice available on our website or from Cape Cornwall School, Cape Cornwall Rd, St Just, TR19 7JX.

Please note that consent can be withdrawn at any time by contacting the school.

1. **Name of Student:**

2. Details of visit: Any school trips and activities both on and off school premises, throughout the school year, to include using transport arranged by the school and following Government guidelines, where necessary. I understand that separate consent forms will be issued for any trips that take place out of school hours, involve an overnight stay or travel out of the county. I also understand that in some instances this may result in my child missing important curriculum time which may have to be made up at a later date.

3. Address:
.....

4 Telephone No:

5 Age: Date of Birth:

6 Religion:

7 Emergency Address and/or Telephone (if different from above):
.....

8 Personal Information- Please give details requested below or personal information which might be relevant.

A. Does he/she suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleepwalking, bed-wetting or any other illness or disability?

YES NO If yes, give details:
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B. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, bee/wasp stings, aspirin or any such medicines or any particular food/drink)?

YES NO If yes, give details:

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C. Is he/she actively sensitive to penicillin?

YES NO If yes, give details:

.....

D. Is he/she receiving any regular medical treatment?

YES NO If yes, give details of illness/disability and treatment:

.....

E. Date of last anti-tetanus injection:

Does he/she have any special dietary needs?

YES NO If yes, give details:

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F. Can he/she swim 50 metres? YES NO

G. Name and address of own doctor:

.....

Tel No:

8. Insurance: Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by Cornwall Council insurance in the event of negligence by one of its employees or agents. Details are available on request. You may wish to make your own arrangements for extra insurance.

9. PARENTAL CONSENT

- (i) I have read the information provided and agree to my son/daughter taking part in the above activities.
- (ii) I acknowledge the need for him/her to behave responsibly at all times.
- (iii) I understand that the staff responsible for the activities will take all reasonable care of participants.
- (iv) I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- (v) I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LEA guidance.

Name of Parent/Carer (please print):

Signature of Parent/Carer:

Date: