

## PARENTAL CONSENT FORM FOR THE 2020/2021 ACADEMIC YEAR.

Data Protection Act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Multi Academy Trust, without your written consent.

<b>1. This form will be used for any visit which takes place between the start of the school day until the end of the school day including the eXtra@Treviglas programme. This form will also be used for out of hours' visits, Outdoor and Adventurous activities, including surfing.</b>		
2. Name of participant:		
3. Age:	Date of Birth:	
4. Address:		
5. Emergency contacts		
#1Name:		
#1Tel No:	#1Mobile Phone No:	
#2Name:		
#2Tel No:	#2Mobile Phone No:	
6. Personal Information: Please give details requested below or personal information which might be relevant.		
A. Has your child, to your knowledge, been in contact with any infectious illness in the last 3 weeks? Answer <b>Yes</b> or <b>No</b> in the box.		
If yes, give details:		
B. Does he/she suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleepwalking, bed wetting or any other illness or disability? Answer <b>Yes</b> or <b>No</b> in the box.		
If yes, give details:		
C. Is he/she allergic to anything (e.g. antibiotics, elastoplast, aspirin or any such medicines, any particular food/drink)? Answer <b>Yes</b> or <b>No</b> in the box.		
If yes, give details:		
D. Is he/she actively sensitive to penicillin? Answer <b>Yes</b> or <b>No</b> in the box.		
If yes, give details:		
E. Is he/she receiving any medical treatment at present? Answer <b>Yes</b> or <b>No</b> in the box.		
If yes, give details...		
F. Date of last anti-tetanus injection		
G. Does he/she have any special dietary needs?		
H. Can he/she swim 50 metres? Answer <b>Yes</b> or <b>No</b> in the box.		
I. Name and address of own Doctor		
		Tel No

7. 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 The Roseland Multi Academy Trust insurance in the event of negligence by one of its employees or agents. Details are available on request.
8. 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 M.A.T. guidance.
  - (vi) I understand that students represent their Academy whilst on a visit, and are expected to behave and comply with the academy policies at all times. The Visit Leader will have the right to take any appropriate action.

Signature:
Print:

(Please print your name alongside your signature)

9. Please return this form along with the rest of the admission paperwork
10. A copy of this form may be returned to parent/carer by the academy once received after signature, should it be requested.

---

The Roseland Multi Academy Trust

#### NOTES

The Roseland Multi Academy Trust through its employees and agents will, at all times, take reasonable care of your child and his/her personal effects and money. If your child has an accident or suffers loss of, or damage to his/her personal effects and money, which is not a result of any lack of care on the part of the MAT, its employees or agents, the MAT will not be liable to pay any damages or to meet any expense arising. Similarly, if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage caused to the third party's property, the MAT will not be responsible for this unless it can be shown to be at fault in some way. The Academy has taken out a policy of insurance in respect of this visit, which provides cover for the matters referred to in the above notes.