

Wardle Academy

Parental Consent for Regular Activities

CONFIDENTIAL

Data Protection Act 2018. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under the Department of Education and Skills guidelines. The data will not be disclosed to any external sources, other than in an emergency to the Local Education Authority or emergency services, without your written consent. Where you have provided alternative contacts, please ensure that these people have been informed that you have given us their details. This form will be destroyed at the end of the school year in which all administration of the years' trips is concluded, unless an incident occurs during a trip that imparts a legal duty on us to retain the form.

Dear Parent/Carer

Your son/daughter is a regular attendee of: **Wardle Academy Bands**

As part of our programme we will be planning a series of activities and visits from September 2018 through to July 2019. We require your consent to allow your son/daughter to take part under the supervision of our qualified and experienced school staff.

If you wish to withhold your permission from any or the entire programme, please contact

You will be given further details by text message at least the day before each visit. Please ensure the school has your correct mobile number and that you have the right details in Wisepay so you get all necessary information.

Name of Participant _____ Group _____

Address _____

Postcode _____

Tel No: 1. _____ Age _____

2. _____ Date of Birth _____

Alternative Contact, Address, and Tel No: (for emergency use) _____

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 or any illness or disability?

YES/NO If yes, give details -----

B. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food etc.)?

YES/NO If yes, give details -----

C. Is he/she actively sensitive to penicillin?

YES/NO If yes, give details -----

D. Is he/she receiving any medical treatment at present?

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

E. Date of last tetanus injection (if known) -----

F. Does he/she have any special dietary needs? -----

G. Can he/she swim 50m YES/NO

H. Name and Address of own Doctor -----

I. Do you consent to photos of your child taken during these activities being used for publicity purposes?

YES/NO

Insurance: Please note that Wardle Trust holds a school journey insurance policy that automatically covers all persons participating in educational trips, visits and residentials. Claims resulting from insured activities should be submitted in writing by the group leader or Head teacher and not by pupils, individuals or parents direct. Parents/carers may be contacted for further information in respect of any claims.

PARENTAL PERMISSION (please sign below)

- i. **I agree to my son/daughter (delete) taking part in the above activities.**
- ii. I understand that the staff responsible for the activities will take all reasonable care of participants.
- iii. I acknowledge the need for my son/daughter (delete) to behave responsibly.
- 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.

Signature _____ Date _____ Print name. _____

or

I wish to withhold my consent for the above activities:

Signature _____ Date _____ Print Name _____

Please return this form to Mrs Whitehead in the Curriculum Office