

# CONSENT FORM - Educational Visits, Activities and Journeys

## Club/Project

### Activity:

If your child wishes to take part, please fill in the following details:

**Young Person/Childs Name:** \_\_\_\_\_

**Date of Birth & Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Name of Parent/Carer:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

Name & contact number of someone to contact in an emergency if no-one is at home.

**Alternative Contact Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

My child/children will / will not be collected from the drop off point (delete as appropriate)

### ***Please tick as appropriate:***

☐

My child is medically fit and is not receiving medication or having a special diet

☐

my child is not in good health and I draw your attention to the following  
(include condition, treatment and medication below)

☐

My child has Special Educational Needs

Any other useful information about your child – for example allergies, dietary information

I consent to medical or such surgical treatment deemed necessary by a qualified medical practitioner, or to first aid being administered if an emergency should occur at a time when my consent to the particular treatment cannot reasonable be obtained.

Although every care is taken in the provision of this and other activities, responsibility cannot be accepted by the Youth & Community staff for any injury sustained, or for loss or damage to personal property. You may therefore wish to review your own personal insurance cover arrangements.

**Signed by: Parent/Carer/Young Person over 18 yrs**

Signed: \_\_\_\_\_ Please print your name: \_\_\_\_\_

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

# CONSENT FORM - Educational Visits, Activities and Journeys

Dear Parent / Carer / Young Person

**PLEASE KEEP THIS PART OF THE FORM TO REMIND YOU ABOUT THE TRIP Activity:**

Departure time:

Returning time

Trip Leader

**PLACES ARE GIVEN ON A FIRST COME FIRST SERVED BASIS, WITH BOTH CONSENT FORM & PAYMENT TOGETHER**

**SEAT BELTS MUST BE WORN AT ALL TIMES WHILST TRAVELLING**

If you need to make contact with your child whilst they are on the activity please ring the TRIP LEADER (details above) in the first instance.

In an **EMERGENCY** please contact the below:

**Insert Name of Duty Officer**

**Contact Number:**

Please note that if, in the case of bad weather conditions or other unforeseen circumstances, we are unable to take your child to the venue or activity listed above an alternative venue or activity may occasionally be used. This will not affect the pick up or return times. Please ensure that someone is available on one of the phone numbers you have given throughout the trip. If there is a delay of more than 30 minutes on our expected return time or any other unforeseen problems, you will be contacted by a member of our team.