

# THE BULWELL ACADEMY



## Parental Consent Form

### Residential Trip

2018-19 (Updated August 2018)

|  |                                  |
|--|----------------------------------|
| <b>PLEASE COMPLETE AND RETURN THIS FORM TO :</b> | <b>Mr J Williams</b>             |
| <b>BY:</b>                                       | <b>Thursday 21 February 2019</b> |

|   |  |      |               |
|---|--|------|---------------|
| <b>STUDENT'S DETAILS (Capital letters please)</b> |  |      |               |
| Student Name                                      |  | Form | Date of Birth |

|                 |   |
|-----------------|---|
| <b>ACTIVITY</b> |   |
| Title           | <b>School Choir Trip to Disneyland Paris</b>  |
| Venue           | <b>Disneyland Paris with 2 nights B&amp;B at European Campus Sainte-Therese Ouest</b> |
| Dates           | <b>Friday 21 June to Sunday 23 June 2019</b>  |
| Lead Contact    | <b>Mr J Williams</b>  |

|   |  |
|---|--|
| <b>CONSENT TO TAKE PART IN ACTIVITIES</b>   |  |
| I / We consent to my son/daughter taking part in the activities outlined on the attached letter   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I / We understand that a high standard of behaviour and responsibility will be expected at all times  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I / We consent to my son/daughters photograph being taken during this trip, and for those photographs to be used as publicity materials for The Bulwell Academy | YES <input type="checkbox"/> NO <input type="checkbox"/> |

|   |  |
|---|--|
| <b>MEDICAL INFORMATION</b>  |  |
| Does your child have any <b>medical issues / allergies / special dietary requirements</b> of which staff need to be aware during this activity? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If you have answered YES to the above question, please give brief details below.  |  |
|   |  |
| Has your child received a tetanus injection in the last ten years?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Is your child allergic to any medication, plasters, dressings, etc?   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If you have answered YES to the above question, please specify allergy below.   |  |
|   |  |

## PRESCRIBED MEDICATIONS

Please give details below of any prescribed medication that your child is currently taking.

| Name of Medication | Dosage | Times of day or circumstances to be given | Method of administration |
|--------------------|--------|---|--------------------------|
|                    |        |   |                          |

Please detail below any special precautions or side effects related to the above medication

## CONSENT FOR ADMINISTRATION OF MEDICATION

I / We give consent for a member of staff to administer the **above** medication, and will deliver the medication to the Lead Contact before the trip.

YES  NO

**Please note:** All medication must be labelled with the child's name. Prescribed medication must be in its original container with the pharmacy label attached.

I / We understand the staff leading the trip are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

YES  NO

I / We give consent for my child to self-administer the above medication.

YES  NO

## ANY OTHER RELEVANT INFORMATION

If there is anything else that you feel staff need to be aware of during this trip, please provide details below

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I / We agree to my child receiving emergency medical treatment, including blood transfusions and anaesthetics, as considered necessary by the medical authorities YES  NO

**EMERGENCY CONTACT DETAILS**

In the event of an emergency, you will be contacted as soon as possible by the School. So that this can be done quickly, we need to have up-to-date details of possible contacts. **If you change your contact landline / mobile phone number, please let the school know as soon as possible.**

**First Parent / Carer Contact Details**

|                        |        |                          |        |                          |   |                          |             |                          |                          |                          |
|------------------------|--------|--------------------------|--------|--------------------------|---|--------------------------|-------------|--------------------------|--------------------------|--------------------------|
| Title (Mr/Mrs/Ms/Dr)   |        | First Name               |        | Surname                  |   |                          |             |                          |                          |                          |
|                        |        |                          |        |                          |   |                          |             |                          |                          |                          |
| Relationship to Child? | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | Step Mother                                     | <input type="checkbox"/> | Step Father | <input type="checkbox"/> | Other                    | <input type="checkbox"/> |
| Home Phone             |        |                          |        |                          | Work Phone                                      |                          |             |                          |                          |                          |
| Mobile                 |        |                          |        |                          | Tick if this person has parental responsibility |                          |             |                          | <input type="checkbox"/> |                          |

**Second Parent / Carer Contact Details**

|                        |        |                          |        |                          |   |                          |             |                          |                          |                          |
|------------------------|--------|--------------------------|--------|--------------------------|---|--------------------------|-------------|--------------------------|--------------------------|--------------------------|
| Title (Mr/Mrs/Ms/Dr)   |        | First Name               |        | Surname                  |   |                          |             |                          |                          |                          |
|                        |        |                          |        |                          |   |                          |             |                          |                          |                          |
| Relationship to Child? | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | Step Mother                                     | <input type="checkbox"/> | Step Father | <input type="checkbox"/> | Other                    | <input type="checkbox"/> |
| Home Phone             |        |                          |        |                          | Work Phone                                      |                          |             |                          |                          |                          |
| Mobile                 |        |                          |        |                          | Tick if this person has parental responsibility |                          |             |                          | <input type="checkbox"/> |                          |

**OTHER CONTACT DETAILS (for use in emergencies)**

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |

I undertake to inform the Lead Contact / Head of Establishment as soon as possible of any change in the medical or other circumstances between now and the commencement of the trip.

**Parent / Carer Signature:** ..... **Date:** .....

**Full Name (Capitals):** .....

**Parent / Carer Name & Relationship to student** .....