



## Consent/Indemnity Form for Sunday Activities

Student name: \_\_\_\_\_ Form: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### A. General Consent

I agree that:

1. I will pay for any damage to persons or property which is caused through the misconduct or carelessness of my child. I shall repay such expenses on demand.
2. I will not hold the Headteacher, school governors or any member of staff responsible for any loss of personal effects by my child during the activity where reasonable steps have been taken to safeguard those items.
3. I consent to my child travelling by any form of transport or in a motor vehicle driven by any member of staff who accompanies the trip and is in possession of a full driving licence and valid insurance for the vehicle concerned.
4. I understand that once permission has been granted and an activity booked there will be no refund if my child subsequently withdraws.

In relation to the points above please note that parents will not be asked to repay any sum of money where the sum has been the subject of a successful insurance claim by the Headteacher, any school Governor, or any member of staff.

## B. Medical Details

Is your child's tetanus injection up to date?  Yes  No

If yes, please state date:

Does your child suffer from asthma?  Yes  No

I list below any other special medical conditions or requirements of my child (this should include any activity in which the child should not participate on account of his/her medical condition.)


If my child has any medical condition which needs regular doses of medicine, it is my responsibility to ensure that my child has the correct quantity of medication for the duration of the trip and has clear instructions about the use of the medicine. If my child is asthmatic it is my responsibility to ensure that my child has with them on the trip the correct medication and is instructed to have this with him/her at all times.

Name of medication	Dosage

Aside from the above, my child is otherwise in good health and I consider him/her capable of meeting the demands of the trip. I undertake to inform the leader of the expedition if my child is in contact with an infectious disease within three weeks of the departure date of the trip. I understand that whilst the Leaders in charge of the party will take reasonable care, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during the trip.

I understand that wherever possible my consent will be obtained for any necessary medical treatment, but that, in an emergency, where prompt action may be required, I authorise Leaders in charge to consent to any medical treatment which a qualified medical practitioner deems necessary for my child. All the Leaders will carry a medical summary form detailing information for all the members of the trip.

If you have any concerns regarding your child’s health which may affect a particular trip please provide a brief outline below:

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I note that I will inform the school if I have any concerns regarding any medical complaint or treatment needed which may affect my child’s participation in future trips.

Telephone numbers where parents/guardians may be reached in an emergency. Should any of your contact details change, please contact the College as soon as possible.

	<b>Home</b>	<b>Work</b>	<b>Mobile</b>
Mother			
Father			
Guardians			
Other Family Member			

I hereby sign the Consent/Indemnity Form to give permission for my child to take part in visits and agree to the conditions in this agreement.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

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