



Consent/Indemnity Form for Educational Trips / 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 Head, 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 my son/daughter will be required to participate in routine activities from time to time and by signing this agreement, I am giving consent for any routine off-site activities that arise. Routine off-site activities include:
 - Field work, visits to other schools and colleges, sports, music and games fixtures at other sites, days out to places of interest.
5. For any non-routine off-site activities e.g. overnight stays, separate consent will be sought.
6. I understand that I am giving consent for my son/daughter to travel to and from activities away from school by school minibus / staff car / coach.
7. 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 Head, any school Governor, or any member of staff.

B. Medical Details

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

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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 |
|--------------------|--------|
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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 trip 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:

We hold contact details from your child's Registration documents where parents/guardians may be reached in an emergency. Should any of your contact details change, please contact the College as soon as possible or update via the parent portal.

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:



High Risk Activities

Name of Student:

It is the college's responsibility to inform you that as part of our **Educational Trips / Sunday Activities programme** there are 'high risk activities'. These, of course, are highly supervised by qualified trained staff and are covered by our school insurance policy which is held by the Bursar. If you would like a copy of the details, please contact the Bursar direct. The following **proposed** activities are considered high risk: please tick those you give your consent for your child to participate in. **Please sign and date at the bottom before returning to Mrs Anne Whittall at admissions@bedstone.org**

| TYPES OF ACTIVITY | (Please tick) |
|---|---------------|
| Archery | |
| Canoeing/ Kayaking | |
| Caving | |
| Go Karting | |
| High Ropes | |
| Horse Riding | |
| Ice Skating | |
| Mountain Boarding | |
| Orienteering / Wilderness Trekking | |
| Paintballing | |
| Quad biking | |
| Raft Building | |
| Rifle Shooting | |
| Rock Climbing / Mountaineering | |
| Rowing | |
| Sailing | |
| Skateboarding | |
| Skiing | |
| Snowboard | |
| Water sports | |
| Woodland activities (e.g. zip-wire, climbing wall, Jacobs ladder, abseiling, grass sledging etc.) | |
| Zorbing (Body/Football) | |

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|---------------------------------|--|
| SWIMMING ABILITY (please tick): | |
| NONE | |
| POOR | |
| COMPETENT | |
| GOOD | |

Parent/Guardian Name: Parent/Guardian Signature:

Date: