

# 2021-22

## ST IVES SCHOOL CONSENT FORM

Data Protection Act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Education Authority, without your written consent.

Throughout the course of the year your child may be invited to participate in a number of experiences, both on and off site. This form will cover us for insurance purposes for all of these experiences, and will save you having to complete a form every time. We will of course inform you by letter when these experiences are due to take place, including a slip where you can indicate your consent for a particular event and update any details which have changed, such as changes to personal circumstances, medical details or telephone numbers.

**\*\*Please inform us immediately if your child has been in contact with an infectious illness prior to any excursions or visits.\*\***

**Sports matches and competitions (home and away)**  
**Local field trips (e.g. walking to/from Zennor, rock pool survey)**  
**Cinema/library trips – on foot to St Ives Cinema or Library**  
**Music/performing arts events (at local churches, Guildhall etc.)**  
**Visits to other local schools**  
**Coach, car or minibus travel - trips to educational events, shows, sporting events**  
**Surfing and surf life-saving with qualified instructors**  
**Other sporting activities with qualified instructors**  
**Bushcraft survival skills**  
**Activities in Steeple Woods**

1. Name of Student..... DOB.....

Address .....

Home Telephone.....

### **Emergency Names and Telephone**

*Please provide two names and numbers*

1<sup>st</sup> Emergency Contact Name .....

Home Tel..... Mobile.....

2<sup>nd</sup> Emergency Contact Name.....

Home Tel No..... Mobile.....

2. Personal Information: Please give details requested below or personal information which might be relevant.

**A.** Does your child suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleepwalking, bed-wetting or any other illness or disability?

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

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

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

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C. Is he/she actively sensitive to penicillin? **YES/NO** If yes, give details

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D. Is he/she receiving any medical treatment at present? **YES/NO** If yes, give details of illness/disability and treatment:

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E. Date of last anti-tetanus injection: .....

F. In the event of an accident may anaesthetic be administered to your child? **YES/NO**

G. Does he/she have any special dietary needs? **YES/NO** .....

H. Can he/she swim 50 metres? **YES/NO**

I. Contact details of own Doctor - Name:.....

Address:.....

Tel No:.....

Insurance: Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. In the event of negligence by one of its employees or agents, Truro and Penwith Academy Trust has insurance cover with RPA. Details are available on request.

**In the event of emergency school closure - please delete as appropriate:**

I give consent for my child to be released from school, to walk home or to a 'safe' place.

**OR**

I wish my child to remain on school site until I can collect them from school.

**PLEASE AGREE ARRANGEMENTS WITH YOUR CHILD**

**PARENTAL CONSENT:**

- (i) I have read the information provided and agree in principle to my son/daughter taking part in school experiences both on and off site, as long as I am informed in advance.
- (ii) I acknowledge the need for him/her to behave responsibly at all times.
- (iii) I understand that the staff responsible for the activities will take all reasonable care of participants.
- (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.
- (v) I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LEA guidance.

Signature.....Print.....  
(Please print your name alongside your signature)

Date.....

Please return this form to your child's Form Tutor within 7 days of receipt.

**A copy of this form may be returned to parent/carer by the school once received after signature, should it be requested.**