

Appendix 5b

Bassingbourn Village College - SCHOOL VISITS PARENTAL CONSENT FORM



Category 1 visits (sports trips and local visits not involving transport)

I wish my son/daughter Tutor group.....
to be allowed to take part in the above-mentioned school activities and having read the information sheet,
agree to his/her taking part in any, or all, of the activities described.

I understand that, while the school staff in charge of the party will take all reasonable care of the children,
they cannot necessarily be held responsible for any loss, damage, or injury suffered by my son/daughter
arising during, or out of, the school journey.

* My son/daughter suffers from the following medical conditions or allergies.

.....
(Please enclose a letter giving details of the complaint and its treatment if the circumstances or length of
the visit would seem to necessitate it).

My son/daughter has the following special diet requirements

.....
I consent to any emergency medical treatment necessary, including inoculations, general or local
anaesthetic, surgery or blood transfusions which, in the opinion of a qualified medical practitioner, are
necessary for the safety and wellbeing of the pupil during the course of the visit.

I give my consent for BVC staff accompanying the party to administer the following over-the-counter
medicines to my son/daughter where appropriate:

- Kwells or similar for travel sickness
- Piriton or Clarityn for allergic reactions (bites, hay fever etc.)
- Paracetamol or Ibuprofen for pain relief
- Salbutamol inhaler for asthma
- Rennie tablets for indigestion
- Cold spray or Ralgex or ice pack for bumps and sprains
- Anthisan cream for insect stings
- Alcohol free wipes and/or plasters for minor cuts

I understand that monies paid towards the trip are not refundable if my child withdraws from the trip, unless
this is for an insurable risk. I understand and accept that if my child is sent home early from the visit
because of a breach of discipline, I will be required to meet the costs. I further understand that during the
visit my child will not necessarily be under the continuous direct supervision and control of a teacher for the
whole of the time.

Signature of parent date

Personal details

First name of participant Surname

Date of birth Age Tutor group

Address

.....Post code

Email address

Name of next of kin

Contact no. 1 : Home Work Mobile

Contact no. 2 : Home Work Mobile

Name and address of participant's doctor/surgery

.....

..... Telephone number

**Single parents will be presumed to have obtained the consent of either the absent
parent or of the Court**