OMBERSLEY ENDOWED FIRST SCHOOL AND PRESCHOOL

PARENTS CONSENT FORM – EDUCATIONAL VISITS

The purpose of this form is to inform you of the County Council's legal responsibilities in relation to such visits, to seek general approval for your child to take part and to ask whether you agree to emergency medical treatment.

The County Council accepts no responsibility for accidents of injury to pupils, or for loss or damage of personal effects, unless the cause is the negligence of the County Council or any member of its staff.

As pupils are not insured by the Education Authority against personal accidents, insurance is taken out by the school. Parents are welcome to take out personal accident insurance for their children if they feel it is necessary, and the school will give advice about the policy, which is designed specifically for school parties. The policy covers personal accident, loss of personal effects, medical expenses and the cost to parents of visiting a child who may be detained in hospital away from home.

Parents are advised, whenever possible, to give the school a telephone number at which they can be contacted in case of emergency, in particular when urgent medical treatment may be necessary. Parents who are willing to allow urgent medical or dental treatment to be given to their children when necessary should sign the form below.

a)   I agree that my son/daughter……………………………………………………………… may take part in any educational visits, sporting and cultural activities organised by the school, of less than one day's duration.

b)   I understand that the County Council accepts no responsibility for accidents or injury to pupils, or for loss or damage of personal effects unless the cause is the negligence of the County Council or any member of its staff.

c)   I agree that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic, in accordance with the recommendation of a qualified medical practitioner.

Please write any specific medical problems, allergies below:

SIGNED…………………………………………………….DATE…………………..