



Dear Parent/Carer

## ANNUAL PARENTAL MEDICAL & TRIP CONSENT FORM 2018

**Please complete all areas applicable, sign and return to school office**

In order to reduce the amount of consent forms sent home for completion and return, we have introduced the annual trip medical consent form below. Please can you complete and return this form to school office at your earliest convenience.

NB: If we do not have a signed medical consent form then your child will not be able to attend any school trips.

**Student name:** .....

**Form:** .....

I agree that my child, if necessary, be given first aid or urgent medical treatment during any school trip or activity.

**Please note the following important information before signing this form:**

The trips and activities covered by this consent include;

- all local non-hazardous visits that take place inside and outside of school hours
- off-site sporting fixtures inside and outside of school hours
- The school will send you information about each trip or activity before it takes place.

You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.

I understand that the school staff and helpers in charge of the group will take all reasonable care of the young people. Unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during the visit.

**Consent for taking images:**

During any school visits we are likely to take pictures and or videos. We would like to use these to promote the academy in presentations, on the school website, displays or in booklets, newsletters or publicity. In the event of any images of my child being taken, I consent to them being used for educational purposes. I understand any photos where my child is easily identifiable (close facial shot), I will be informed first.

**Yes No (tick as appropriate)**

**If your child suffer from any illnesses, allergies or physical disabilities or medical conditions, please detail these below:**

No illness, allergy or physical disability.

The following illness, allergy, physical disability and/or medication:

.....  
.....

Doctors Name: ..... Surgery.....

Telephone: .....

**Pre-existing conditions:**

Bexhill Academy insurance may not cover claims for pre-existing conditions if they have not been declared (e.g. a broken leg ) unless it can be shown that GP consent to travel has been obtained and conditions of travel have been met.

By signing parental consent forms, parents are agreeing to this condition and confirming it has been met. I consent to any emergency medical treatment necessary being given during the course of any trip visits. **(If consent is not given please sign below): I do not consent to any necessary emergency medical treatment being given)**

Signed Parent/Carer .....

**Emergency Contact Information**

1. Emergency Contact                      2. Emergency Contact

Name.....                                      Name.....

Address.....                                      Address.....

.....

Tel.....    Tel.....

Relationship to child .....Relationship to child .....

**Swimming Ability: (tick as appropriate - If nothing indicated, then non swimmer will be assumed).**

My child is a: Confident swimmer/ Weak swimmer/ Non swimmer

**Other information:**

Please provide details of any other information you feel the school and or any visit leader needs to be aware of: .....

I have completed the form to the best of my knowledge. If any information changes I will inform the school immediately and if required seek medical consent from our GP.

**Parent/Carer Signature:** ..... **Date:** .....