



Looe Community Academy - Consent Form

1. Data Protection Act. Information collected on this form will only be used for the purpose of the Academy's administration of visits and journeys under the Department for Education guidelines. The data will not be disclosed to any external sources without your written consent, other than in an emergency.

2. Details of trip/visit:.....

From (date/time):..... To (date/time).....

3. Name of participant:

Tutor group:.....

4. Address:.....

Telephone number:.....

5. Age:..... Date of Birth:.....

6. Emergency address (if different from above):

Emergency telephone number (if different from above):

7. Personal Information. Please provide full and relevant details:

a. Has your son/daughter been in contact with any infectious illness in the last 3 weeks? Yes/No
If yes, please provide details

b. Does he/she suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleepwalking or any other illness or disability? Yes/No
If yes, please provide details

c. Is he/she allergic to anything (e.g. antibiotics, plasters, aspirin or any medicines or any particular food/drink)? Yes/No
If yes, please provide details

d. Is he/she actively sensitive to penicillin? Yes/No
If yes, please provide details

e. Is he/she receiving any medical treatment at present? Yes/No
If yes, please provide details of illness/disability and treatment

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

Yes/No

g. Does he/she have any special dietary needs?
If yes, please provide details

h. Can he/she swim 50 metres? Yes/No

i. Name of own doctor:.....
Doctor's address:.....

Doctor's telephone number:.....

8. Insurance. Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by Looe Community Academy Trust's insurance in the event of negligence by one of its employees or agents. Details are available on request.

9. Parental consent:

a. I have read the information provided and agree to my son/daughter taking part in the above activities.

b. I acknowledge the need for him/her to behave responsibly and follow the directions of supervising staff at all times.

c. I understand that the staff responsible for the activities will take all reasonable care of participants.

d. 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 son/daughter's health or safety.

e. I consent to my son/daughter travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with Academy guidance.

Name (capitals): Signature:

10. Please return this form, together with any deposit or payment required,

to by (date)

11. A copy of the signed and completed form may be returned to the parent/carer by the Academy upon request.