



Establishment Name: SHERBORNE CLUSTER OF SCHOOLS
PARENTAL CONSENT FORM (for Children and young people under the age of 18)
The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed event
DATA PROTECTION
Dorset CC is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent. When you sign <u>or</u> complete this form you are providing your consent to Dorset CC holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.
DETAILS OF PROPOSED EVENT
Event : Residential Visit to PGL Barton Hall, Torquay, Devon TQ2 8JY Monday 10th to Friday 14th July 2017 DEPART: 1st pick up Buckland Newton (including Bishops Caundle) at 10am. 2nd pick up Thornford (including Bradford Abbas) at 10.30am. Stop off for lunch: Exeter, arrival at Barton Hall 3.30pm RETURN: Pick up from Barton Hall at 1.30pm. APPROXIMATE time of arrival back to schools: Thornford 3.30pm, Buckland Newton 4pm. *Bishops Caundle children to be dropped off at and collected from Buckland Newton. *Bradford Abbas children to be dropped off at and collected from Thornford.
Any additional information:

ACKNOWLEDGEMENT OF RISK

This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level.

To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given.

Details of planning and risk assessment are available on request.

CHILD OR YOUNG PERSON'S DETAILS

Full name: _____

Home address:

MEDICAL / EMERGENCY CONTACT INFORMATION	
1. Name of patient	_____
2. Date of birth	_____
3. Sex	_____
4. Medical history	_____
5. Allergies	_____
6. Current medications	_____
7. Emergency contact name	_____
8. Emergency contact phone number	_____
9. Emergency contact address	_____
10. Emergency contact email	_____

In an emergency I can be contacted:

Email:

Mobile:

Home Tel:

Work Tel:

If unavailable contact:

Email:

Mobile:

Home Tel:

Work Tel:

Our family doctor is:

Name: _____

Surgery:

Dr's Tel No:

Young Person/Child's Medical Information.

Please provide detail of all medical conditions and illnesses and any treatments required to maintain health. This information helps us to keep your child safe.

Please ensure you include your child's NHS No. below.

Other information.

Please provide any other information that may affect the safety of your son/daughter or any other persons and/or the organisation and success of the event.

CONSENT DECLARATION

I, being the parent / guardian of the child/young person named at the head of this form, have received full details of the event, am satisfied with the arrangements and give consent for him / her to take part in the proposed event.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health.

Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.

Print Name:

Relationship to child/young person:

Signature & Date: