

**BARNSELEY METROPOLITAN BOROUGH COUNCIL
EDUCATION SERVICES**

**PARENT/GUARDIAN'S CONSENT FORM FOR A PUPIL TO UNDERTAKE AN
AUTHORISED VISIT/JOURNEY ORGANISED BY THE SCHOOL – Category A or B
visit**

NOT TO BE USED FOR CATEGORY C VISITS

SECTION 1 – DETAILS OF VISIT/JOURNEY

School: **BIRKWOOD PRIMARY SCHOOL**

Visit/Journey to: **Barnsley College**

Date: **25th January 2018** Times: **1pm - 3pm**

Activities to be undertaken: **Team Relay Competition Y3/4**

Party Leader: **Mr Campbell**

SECTION 2 – PUPIL DETAILS

Name of Pupil: _____

Male

Female

SECTION 3 – OTHER RELEVANT DETAILS

1. Is your child able to swim?

Yes

No

2. Are there any activities you do not
Wish your child to participate in?

Yes

No

If yes, please state: _____

7. **Are there any changes in the medical
information we currently hold
which we should be aware?**

No

If yes please state: _____

SECTION 4 – YOUR DETAILS

Name _____	Relationship to pupil _____
Home Address: _____	
Telephone No (Home): _____	(Work): _____
If I was not available in an emergency, please contact:	
Name: _____	Telephone No: _____
Address: _____	

Name of Family Doctor: _____	Telephone Number _____
Address _____	

SECTION 5 - DECLARATION

I agree to _____ (Name)

Taking part in the above activity and having read the information sheet provided agree to his/he participation in the activities described (with the exception of anything mentioned in Section 3 Question 2).

I acknowledge the need for obedience and responsible behaviour on his/her part and I am aware of the procedure for returning pupils home prior to the end of the visit where their behaviour endangers the Health and Safety of other pupils.

I agree to my son/daughter receiving emergency medical surgical and dental treatment, including anaesthetic, and blood transfusions that may be considered necessary by the medical authorities present.

NOTE: If there are, any exceptions to your child receiving medical treatment please supply an accompanying letter stating what those exceptions are.

I understand the school's policy on the administration of medicines.

I understand the extent and limitations of the insurance cover provided.

I undertake to inform the school as soon as possible of any change in the medical circumstances between the date of signing and the commencement of the journey.

I understand that the details disclosed could be passed on to the organiser's insurer and/or medical adviser if necessary.

Signed: _____ Date: _____
(Parent/Guardian)