



Parkside Middle School

Educational Visits Consent Form

Child's Name Class

Parents will be informed by letter of all visits and activities when coach travel is needed and when visits and activities may be outside the normal school day.

I agree that my son/daughter may take part in educational visits or activities organised by the school.

Signed (Parent/Carer) Date

Emergency telephone contact numbers:

1..... 2..... 3.....

It is our duty to ensure that parents are well informed of the insurance and medical cover for their children when engaged on educational visits and activities outside of the school's grounds.

1. Parents are advised, whenever possible, to give the school a telephone number at which they can be contacted in case of an emergency, in particular when urgent medical or dental treatment may be necessary. Parents who are willing to allow urgent medical treatment or dental treatment should sign the form below.
2. The County Council accept no responsibility for accident or injury to pupils, or for loss or damage of personal effects, unless cause is the negligence of the County Council, or any member of it's staff.
3. Parents may take out personal accident insurance covering their son/daughter against accident or loss, which may occur through no fault of any supervising staff, and such insurance is the parent's responsibility.

"I agree that medical and dental treatment may be given to my child if necessary, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified practitioner.

Signed (Parent/Carer) . Date

