

Blanket Consent Form

Parent/Guardian for short visits - side 1

Please complete this form giving all relevant details. It will be referred to every time the pupil participates in either an off site visit within the school day or a local evening visit. You will be given written information concerning every proposed educational visit for your son/daughter and asked to sign a separate short permission form in each case.

| | | | |
|---------------------------------------|--|------------------------------|--|
| Name of pupil: | | | |
| Tutor Group: | | Pupil's mobile telephone no: | |
| Emergency contact name: | | | |
| Home address: | | Home telephone no: | |
| | | Work telephone no: | |
| | | Mobile telephone no: | |
| | | | |
| Email address: | | | |
| Alternative emergency contact: | | | |
| Name: | | | |
| Address: | | | |
| | | | |
| Tel No: | | | |
| Medical information concerning pupil: | | | |
| a | Does the pupil have any special dietary requirements? | | |
| | | | |
| b | Has the pupil suffered from any of the following? Asthma or bronchitis Heart condition Fits, fainting or blackouts Severe headaches or migraine Allergies to any known drug Other allergies, e.g. food, materials Other illnesses or disability not named | | |
| | If the answer to any of the above is YES, please give details below: | | |
| | | | |
| | | | |
| c | Is the pupil currently vaccinated against tetanus? | | |
| | Date of injection | Date of booster | |

Blanket Consent Form

Parent/Guardian for short visits - side 2

| | | |
|---|---|--|
| d | Is the pupil prone to travel sickness? | |
| | If YES, please give the name of travel sickness pills normally administered (by yourself) if any. | |
| e | Please give your family doctor's name, address and telephone number: | |
| | Name: | |
| | Address: | |
| | Tel. No.: | |
| | Is the pupil receiving medical or surgical treatment from your family doctor or hospital and/or has he/she been given specific advice to follow in emergencies? | |
| | If YES, please give details below and supply a doctor's letter confirming the treatment and that your son/daughter is fit to travel. | |
| | | |
| f | Does the pupil require medication(s) | |
| | If YES please give full details below and include name of medication(s), dose and frequency of administration | |
| g | Please write here any further information which you feel may be of assistance to the staff in charge of an educational visit. | |
| | | |

TRANSPORT

I consent to the pupil travelling by any form of public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorized by law and duly insured to drive.

ACCIDENT/ILLNESS

I consent to the pupil receiving medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

REMOTELY SUPERVISED TIME (SENIOR SCHOOL ONLY)

I consent to the pupil having remotely supervised time in the daytime in a group of pupils with the prior permission of the party leader

PERSONAL EFFECTS OF THE PUPIL

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the school responsible for losses unless caused by the negligence of the school.

INSURANCE

I understand the extent and limitations of the insurance cover provided, and know of no information that may affect the insurance.

Blanket Consent Form

Parent/Guardian for short visits - side 3

SIGNATURE OF PARENTS/GUARDIANS

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested above and overleaf. I have read and understood and I consent to the matters set out above and overleaf.

I agree to inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey.

Signed:

Relationship to pupil:

Date:

I the above named pupil promise to observe the pupil code of conduct for visits. I will do my best to ensure the safety of myself and other members of any party. I will obey the laws of the country. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the school.

Signed by the pupil:

Date:

THIS FORM WILL BE KEPT IN THE SCHOOL OFFICE AND A COPY WILL BE TAKEN BY THE PARTY LEADER ON ANY EDUCATIONAL VISIT

Check List for Party Leader

NB. No bookings should be made until the Head has given approval for the visit/activity and the dates have been checked to avoid clashes with other events or important classes and relevant staff informed.

Proposed visit:

| | | | |
|--------------------------|---------|------------------------|--|
| Day and date | | Party leader | |
| Destination with address | | Accompanying persons | |
| Depart | am./pm. | Year group | |
| Return | am./pm. | Number of pupils | |
| | | Employee : pupil ratio | |

Check list of action to be taken:

| Action | Tick + date | Comment |
|---|-------------|---|
| Agreed by Head | | |
| Checked by for feasibility | | |
| Checked with calendar | | |
| Checked with staff | | |
| Initial costing done | | |
| Parents informed in writing | | |
| Consent/Permission forms sent * | | |
| Copy of blanket consent form received for each pupil* | | |
| Risk assessment completed** | | |
| Meeting with parents arranged (residential only) | | Date & time: |
| Coach booked | | |
| Minibus booked | | Drivers: |
| Other transport booked | | |
| Canteen informed | | |
| Packed lunch ordered | | |
| Pupil list for notice board | | |
| Office staff advised, travel form completed | | |
| Pupil emergency contact numbers obtained from office | | |
| informed if out of regular school hours | | |
| Pupil medical details checked | | |
| Adequate first aid cover, medical kit/ sick buckets etc ordered | | Nominated staff in charge of first aid: |
| Awareness of site prior to intended trip/activity | | |
| Visit evaluation form ready to be completed | | Complete after visit |

*A consent form is required for residential trips, foreign visits, field trips, hazardous activities, visits involving a long journey and visits well outside of school hours (except evening theatre visits).

All other short local visits may be covered by the 'blanket consent form' once this has been set up and signed at the start of the academic year. In these cases only the short permission form is necessary.

Every non curriculum off-site activity requires a separate parental signature via one or other of the consent/permission forms.

**If the risk assessment has been carried out previously this should be thoroughly reviewed and may then be used after resigning and redating.

Action: Party Leader must keep this on file. Copy to _____ before departure.

Application for the Approval of an Educational Visit

This form should be submitted to the Head for all non curriculum off-site activities before pupils are notified or any bookings made.

| | | | |
|---|--|--------------------|--|
| Party Leader: | | | |
| Department: | | | |
| Year Group: | | | |
| Number of pupils: | | Adult/Pupil ratio: | |
| Total number of accompanying employees including party leader: | | | |
| Names of ALL other accompanying persons: CRB evidence required | | | |
| | | | |
| | | | |
| | | | |
| Date and time of visit: | | | |
| Venue and purpose of visit: | | | |
| Details of visit, including travel arrangements, any free time and any potentially hazardous activities: | | | |
| Cost per pupil: A costing sheet should be submitted for residential trips | | | |
| Additional cost to School: (incl. paid cover) | | | |
| For residential Visits: <ul style="list-style-type: none"> Type of accommodation Outline of any hazardous activities | | | |
| Other relevant information: <ul style="list-style-type: none"> Name of organisations, e.g. coach company, travel firm. Awareness of site, e.g. previous visit | | | |
| Approval is given to proceed with arrangements for this visit as outlined above. N.B. Any changes to the above must be communicated to the Head for approval. | | | |
| Signed: Approved subject to risk assessment and other written arrangements. | | | |
| Date: | | | |

Risk Assessment Form

This must be submitted to the head for approval six weeks ahead of the departure date for hazardous, residential and foreign trips and two weeks ahead of the departure date for other trips.

| | | | | | |
|--------------------------------|--|-------------------|--|-------|--|
| Venue including address: | | | | | |
| | | | | | |
| Date: | | Number of pupils: | | Year: | |
| Party Leader: | | | | | |
| Person in charge of first aid: | | | | | |
| Others: | | | | | |
| | | | | | |
| | | | | | |
| School contact: | | | | | |
| Tel. No: | | | | | |
| Mobile: | | | | | |
| Assessment undertaken: | | | | | |
| Signed: | | | | | |
| Date: | | | | | |
| Review date: | | | | | |

HAZARD IDENTIFICATION:

- Identify all hazards which have the potential to do you or others harm.
- Evaluate the Risk - the chance that someone will be harmed by the hazard- as Low, Medium or High
- For example: theatre trip = Low Risk; field work on sheltered shore = Medium Risk; cliff work, unprotected ramparts = High Risk
- Describe the control measures put in place to minimise the risk so the possibility of harm is unlikely.

| Hazards (Assess risk) | Who is at risk? | Risk Rating | Control Measures |
|-----------------------|-----------------|-------------|------------------|
|-----------------------|-----------------|-------------|------------------|

Consent of Parent/Guardian for a Residential, Hazardous, Long Distance, or Foreign Visit

| | | | |
|---|--|-----------------|---------|
| Name of pupil: Form: | | | |
| Mobile phone number of pupil | | | |
| Proposed visit to: | | Cost of | |
| Day and date of departure: | | Departure time: | |
| Day and date of return: | | Return time: | |
| Travel arrangements: | | | |
| Passport number: | | | |
| European health card (EHIC) no: | | | |
| Medical information about pupil: | | | |
| Does the pupil have any conditions requiring/which may require medical treatment/medication? Delete as appropriate YES / NO | Describe (use a separate sheet if necessary) | | |
| Does the pupil have any allergies, e.g. to medication or specific foods? | | | |
| Does the pupil have any special dietary requirements? | | | |
| (If yes to any of the above, details must be supplied when returning this form) | | | |
| To the best of your knowledge has the pupil been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? | | | |
| Contact telephone number, parent/guardian: | | | |
| Work: | | Home: | Mobile: |
| Home address: | | | |
| Alternative emergency contact: | | | |
| Name: | | Tel .No. | |
| Address: | | | |

SIGNATURE OF PARENTS/GUARDIANS

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested above and overleaf. I have read and understood and I consent to the matters

set out above and overleaf and in the visit programme or other relevant information. I agree to inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

| | | | |
|------------------------|--|-------|--|
| Signed: | | | |
| Relationship to pupil: | | Date: | |

I the above named pupil promise to observe the pupil code of conduct for visits. I will do my best to ensure the safety of myself and other members of the party. I will obey the laws of the country I am visiting. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the School.

| | | | |
|----------------------|--|-------|--|
| Signed by the pupil: | | Date: | |
|----------------------|--|-------|--|

Consent of Parent/Guardian for a Residential, Hazardous, Long Distance, or Foreign Visit

- Transport

I consent to the pupil travelling by any form of public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorised by law and duly insured to drive.

- Health

I certify that to the best of my knowledge and belief the pupil is in good health and (if applicable) has received all necessary inoculations. I am aware of no reason on medical grounds why the pupil should not be a member of the party for this trip.

- Passport etc (for foreign visits only)

I certify that the pupil has a current passport and (if applicable) all necessary visa and satisfies the entry requirements of the country to be visited, and requirements for readmission to the United Kingdom.

- Accident/Illness

I consent to the pupil receiving medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

- Remotely supervised time (Senior School only)

I consent to the pupil having remotely supervised free time in the daytime in a group of pupils with the prior permission of the Party Leader

- Swimming and other activities

I certify that the pupil **is/is not* a competent swimmer. (Please delete one **and initial**) I agree to the pupil taking part in any/all of the activities (where applicable) contemplated as listed in the visit programme, (including, for senior school pupils only on foreign trips, drinking a modest quantity of wine with a meal), except for the following:

(N.B. all additions, deletions or amendments to entries in this box must be initialled by the parent)

- Personal Effects of the Pupil

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the school responsible for losses unless caused by the negligence of the school.

- Insurance

I understand the extent and limitations of the insurance cover provided, and know of no information that may affect the insurance.

- Code of Conduct

I understand the consequences if the pupil does not adhere to the code of conduct.

A COPY OF THIS FORM WILL BE TAKEN BY THE PARTY LEADER ON THE VISIT

Permission Slip for Short Visit

For short educational off-site visits which depart from, and return to, school within the working day and for local evening visits, such as theatre visits.

| | |
|------------------------------|--|
| An Educational Visit to | |
| Date Form | |
| Time of departure | |
| Approx time of return | |
| Transport is by | |
| Cost to be billed, £ | |
| Party Leader | |
| Department | |
| Other details are as follows | |
| | |

| | |
|---|-----|
| Pupil's name | |
| Form | |
| I give permission for the pupil to take part in the educational visit | |
| To: | On: |

The pupil's emergency contact numbers and medical information are as detailed on the Master Consent Form signed in September 200? I agree to authorize members of staff during the course of this visit to approve such medical treatment for the pupil as is deemed necessary in an emergency.

| | |
|--|--|
| Signature of Parent/Guardian | |
| Date | |
| Please complete this slip and return to the party leader, by | |

Travel Form

| | |
|--|---|
| Purpose of visit: | |
| Date of visit: | |
| Employee organizing visit: | |
| Department: | |
| Other persons involved: | |
| Destination address: | |
| Emergency telephone number at destination: | |
| 24 hour telephone contact number: | |
| Method of transport: | |
| Travel operator: | |
| Tour No. / Reference: | |
| Time and place of departure: | |
| Time and place of return: | |
| Flight Number/s: | |
| Insurance details: | |
| Catering staff informed: | |
| List of pupils and emergency contact numbers attached: | |
| Total cost per pupil for billing | £ |

Visit Evaluation Form

Please complete this form as soon as possible after your return by ticking relevant boxes.

| | | | | | |
|--|------------------|-------------|-------------|-------------|----------------|
| Visit to | | | | | |
| Date | | | | | |
| Party leader | | | | | |
| | Excellent | Good | Fair | Poor | Comment |
| Educational value | | | | | |
| Transport arrangements | | | | | |
| Suitability of venue | | | | | |
| Value for money | | | | | |
| Pupil behaviour | | | | | |
| Timing | | | | | |
| Review of Risk Assessment – Any accidents/incidents? | | | | | |
| Other comment | | | | | |
| | | | | | |