



ROCKWOOD ACADEMY SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

Data Protection Act, 1998

The information that you supply on this form will be used by the Local Authority for the purpose of maintaining and improving the level of service given for young people within the Local Authority. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Local Authority Service Areas.

School/Group:

Visit to:

Date and times:

I consent to:

(full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund.

(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes periods of remote supervision or travel in a private vehicle, parents should be asked for their permission for this)

Medical information about your son/daughter:

Date of birth:

(dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?

Yes

No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary?

Yes

No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks?

Yes

No

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin

Yes

No

If yes please give details:

Has your son/daughter had any serious medical condition in the last few years that we should know about?

Yes

No

If yes please give details:

Has your son/daughter been immunised against tetanus?

Yes No

Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:

Tel no:

I will inform the Visit Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:

Eve:

Mob:

Home Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day

Eve:

Mob:

Address:

Declaration

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.

This form should be taken on the visit by the Visit Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File.

IL2: PROTECT (When complete)