



For Regular Activities

CONFIDENTIAL

Data Protection Act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys. The data will not be disclosed to any external sources other than in an emergency to the Local Authority or emergency services, without your written consent.

Dear Parent/Guardian,  
Your son/daughter is a regular attendee of Meadows School  
  
As part of our programme we have planned a series of activities and visits for the period  
----- We require your consent to allow your son/daughter to take part under the supervision of our qualified and experienced school staff.  
  
Example of activities:  
  
1. Local parks  
2. Local shops  
3. Local sports venues and facilities  
4. The ARC  
  
If you wish to withhold your permission from any or the entire programme, please fill in the last section on this form.  
The School Educational Visits Policy is available for you to view if you so require.

- 1. Name of Participant. ----- Year group.....
- 2. Address. -----  
----- Postcode -----  
Tel. No. 1. -----
- 3. Age ----- Date of Birth -----
- 4. Managers Name and Tel. No. ( for emergency use)-----
- 5. Social Workers Name and contact Tel. No.....

6. Personal Information:

Please give details requested below or personal information which might be relevant.

A. Has your child, to your knowledge, been in contact with any infectious illnesses in the last three weeks?  
YES/NO If yes, give details -----

B. Does he/she suffer from allergies, Diabetes, migraine, Epilepsy, bad period pains or any illness or disability?  
YES/NO If yes, give details -----

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C. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food etc.)?

YES/NO If yes, give details -----  
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D. Is he/she actively sensitive to penicillin?

YES/NO If yes, give details -----  
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E. Is he/she receiving any medical treatment at present?

YES/NO If yes, give details of illness/disability and treatment -----  
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F. Date of last tetanus injection (if known) -----

G. Does he/she have any special dietary needs? -----  
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H. Can he/she swim 50m YES/NO

I. Name and Address of own Doctor -----  
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1. **Insurance:** Please note that Rochdale Borough Council holds a school journey insurance policy that automatically covers all persons participating in educational trips and residentials. Claims resulting from insured activities should be submitted in writing by the group leader or Headteacher and not by pupils, individuals or parents direct

## 7. PARENTAL CONSENT.

- i. I agree to my son/daughter (delete) taking part in the above activities.
- ii. I understand that the staff responsible for the activities will take all reasonable care of participants.
- iii. I acknowledge the need for my son/daughter (delete) to behave responsibly.
- iv. I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Signature ----- Date----- Print name. -----

Please return this form to -----

7. I wish to withhold my consent for the following activities:

1. -----

2. -----