

# PARENT COPY

Please keep for your records

## CONSENT FORM FOR OFF-SITE VISITS

I agree that my son/daughter: ..... Tutor Group: .....

May take part in: .....

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

1. Pupils are insured by the school under its School/Academy personal accident and travel insurance policy. Additional Personal Accidents Insurance can be arranged for pupils taking part in off-site visits and staff can give advice about a policy specifically designed for such parties. The policy covers personal accident, loss of personal possessions, medical expenses and the cost to parents of visiting their children if they are detained in hospital away from home.
2. The County Council accepts no responsibility for accidents or injury to pupils or for loss of or damage to personal effects, unless caused by negligence of the County Council or any member of its staff.
3. Parents/guardians\* must provide staff with telephone numbers (day and night) at which they can be contacted in case of emergency, in particular should urgent medical treatment be necessary.

I have received full information and agree to my child's participation in all outlined activities.

Signed: ..... Date: .....  
(Parent/Guardian)

Address: .....	Telephone Numbers: (including codes)
.....	Home: .....
.....	Work: .....
.....	Other: .....

\* Please delete as appropriate

Please return the top two copies to HANLEY CASTLE HIGH SCHOOL Please keep <b>parent</b> copy for your information
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