



## PARENTAL CONSENT FORM

The General Data Protection Regulations. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under Department for Education guidelines. For School-led trips, the data will not be disclosed to any external sources other than in an emergency, or to the Local Authority, without your written consent. Where a third party provider is used, the covering letter will make it clear what information may be passed on.

School: **Helston Community College**

1. Details of visits: **All trips, visits and PE fixtures (including swimming) from 1 September 2022 to 31 August 2023.**

2. Student's Name \_\_\_\_\_ Tutor Group \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

6. Emergency address and telephone (if different from above): \_\_\_\_\_  
\_\_\_\_\_

7. Personal information: Please give details requested below and 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 your child suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleepwalking, bedwetting or any other illness, medical condition or disability?

**YES** ☐ **NO** ☐ If yes, give details of the condition and its treatment: \_\_\_\_\_  
\_\_\_\_\_

C. Is your child allergic to anything (eg: Penicillin, other medications, elastoplast, food or drink)? **YES** ☐ **NO** ☐ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

D. Is your child receiving any medical treatment at present? Please include epipen, asthma inhaler etc? **YES** ☐ **NO** ☐

If yes, give details of illness/disability and treatment: \_\_\_\_\_  
\_\_\_\_\_

E. Date of last anti-tetanus injection: \_\_\_\_\_

F. Does your child have any special dietary needs? \_\_\_\_\_  
\_\_\_\_\_

G. Can your child swim 50 metres? **YES** ☐ **NO** ☐

H. Name and address of your doctor: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

8. **Insurance.** Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by RPA insurance in the event of negligence by one of the school's employees or agents. Details are available on request.

### 9. PARENTAL CONSENT:

- i. I have read the information provided and agree to my child taking part in the above activities.
- ii. I acknowledge the need for my child to behave responsibly at all times.
- iii. I understand that the staff responsible for the activities will take all reasonable care of participants.
- 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.
- v. I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LA guidance.
- vi. I consent to my child being given paracetamol and/or any other medication or treatment given or prescribed by a doctor.
- vii. I understand that, should any of the above details change during the academic year, I will complete and return a replacement form to College reception.

**Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_

A copy of this form may be returned to the parent/carer by the school once received after signature, should it be requested.