

## PARENTAL CONSENT FORM

Activity/Visit: <b>HIGHER MATHS CAMP</b>	Date of Activity/Visit: Friday 9 March – Sunday 11 March 2018
Name of Participant: Home Address:  Tel Home: Tel Work:  Name of Emergency Contact: Emergency Contact Tel: Alternative Tel. No. for use in emergency:	Date of Birth:  Age:  Class:

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition that could affect the participation or treatment of your child/ward. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given and that you notify us of any change in circumstances that might affect participation.

Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?

Has your child/ward any known allergy (e.g. to penicillin)?

If your child/ward is currently undergoing treatment by a Doctor please give details including medication?

Has your child/ward received a tetanus injection within the last ten years? Y / N

Has your child/ward any medical condition which a doctor should know about before carrying out treatment (eg Asthma)

Is there any activity in which your child may NOT participate?

Is there any additional information we should have? (Travel sickness, bedwetting, diet, diabetes, etc?)

Name of Family Doctor:

Address:

Tel No:

### **For water-based activities only**

I certify that my child/ward cannot swim / can swim 50 metres / is confident in cold water wearing a buoyancy aid. (Delete as appropriate)

### **Insurance Information**

East Lothian Council Public Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of the Council or a Council employee. Participants wishing to obtain cover for personal accident and Third Visit Liability are advised to contact an insurance company or broker.

### **Medication / First Aid**

I give permission for the qualified member of staff on the visit to administer any first aid or medications they consider necessary, should they have access to such, including paracetamol, ibuprofen, antiseptic cream, antihistamine cream & tablets. If the condition is more serious a local doctor or A&E department will be consulted and parents informed. Y / N

**PTO**

**Declaration**

I have read the information issued concerning the Course and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child/ward fit to take part. He/She does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.

Name (Block Capitals)  
Signature

Parent/Guardian  
Date

**Student Contract**

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We expect all of our Students to act responsibly, unselfishly and in a polite manner, to ensure the enjoyment and wellbeing of all our Visit members and to maintain the good reputation of East Lothian Council. We therefore ask that all Students agree to the following:-

- To participate in all aspects of the excursion as requested by supervising staff
- To follow instructions of the teaching staff and other adults with the Visit
- To respect the transport & accommodation and keep it clean and tidy
- To always wear a seatbelt in the coach or minibus
- To be punctual
- To act responsibly and represent the school / East Lothian Council in a positive manner
- Not to leave the group on my own or without permission of a staff member
- To use personal safety skills should they be approached by anyone they do not know and to inform the group leaders of any situation which may threaten, hurt or danger

In the event of any behaviour that breaks this contract, a student will face sanctions on site and/ or on return to school. Parents/ Carers will be contacted and in the case of a serious incident the student will be sent home at the parents/carers expense.

Visit: **HIGHER MATHS CAMP**

Name of Student:

Student Signature:

Parent Name:

Parent Signature:

Date: