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| T:\Administration\Q3 Academy Logos\Trust\Q3TRUST.jpg | **SPECIFIC CONSENT FORM**  **FOR OFF-SITE & OUT OF HOURS ACTIVITIES**  **From September 2018** |

**Data** **Protection** **Act, 2018**

The information that you supply on this form will be used by Q3 Academies for safeguarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation. The Academy will retain the form in line with its retention policy. If there is a reported accident or near miss on a visit, the form will be retained until your child reaches the age of 25. If your information changes at any time before the visit, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend this visit.

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| Group: | Year 10 | |
| Visit to: | Work Experience Week | |
| Date and times: | Monday 13th July – Friday 17th July 2020 | |
| I consent to: |  | (full legal name) |

taking part in this visit and have read all accompanying information. I agree to them participating in the activities described. I acknowledge the need for them 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 their exclusion from the visit that I may not receive a refund. Outdoor, offsite, and adventurous activities carry a degree of risk. It is essential that you, as parents/carers, take responsibility for disclosing all medical and other information that might impact on your child’s safety.

Medical information about your child:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth: | |  | | | | | | | (dd/mm/yy) | | | | | |
| Does your child suffer from any condition requiring regular treatment including asthma, epilepsy, diabetes etc? | | | | | | | | | | | 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, including sickness & diarrhoea? | | | | | | | | | | Yes | | | No | |
| If yes please give details: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Is your son/daughter allergic or sensitive to any medication? e.g. penicillin, aspirin, plasters, etc | | | | | | | | | | Yes | | | No | |
| If yes please give details: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Has your son/daughter had any serious medical condition or injury, including broken bones or dislocations, 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.**

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| Emergency Contact Details | | | | | | | | | | | |
| I may be contacted by telephoning one of the following numbers: | | | | | | | | | | | |
| Day: |  | | | Ev: |  | | | Mob: | |  | |
| Home Address: | | |  | | | | | | | | |
|  | | |
| Alternative Emergency Contact | | | | | | | | | | | |
| Name | |  | | | | | | | | | |
| Relationship: | |  | | | | | | | | | |
| Tel: Day | |  | | | | Ev: |  | | Mob: | |  |

**Declaration of Consent**

* I **agree** to my child receiving medication as instructed and any emergency dental, medical, or surgical treatment, including anaesthetic, as considered necessary by staff and/or medical authorities present.
* I **agree** to my child receiving a blood transfusion if considered necessary by staff and/or medical authorities present.
* I **agree** to my child being photographed/recorded on this visit, and the use of this as promotional material within the Academy, on the Academy website, and on social media.
* I **understand** that this visit involves periods of remote and indirect supervision.
* I **am aware** 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.
* I **am aware** that my child will be expected to participate in all activities during the visit to the best of their ability and in a safe manner.
* I **consent** to my child participating in all air, land, and water-based activities, and confirm that they are competent to do so safely.

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| Signed: |  | (Parent/Carer) | |
| Print Name: |  | Date: |  |

This form may only be signed by a parent/carer or an individual who holds legal responsibility for the child.

*This form will be taken on the visit by the Visit Leader.*