**ETWALL PRIMARY SCHOOL**

**ANNUAL CONSENT FOR LOCAL OFF-SITE VISITS AND MEDICAL TREATMENT 2022/2023**

Establishment: \_\_\_\_\_ETWALL PRIMARY SCHOOL

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

**Local visits are visits where no transport is provided by the school and may include short walks in the immediate locality, along with visits to places such as John Port High School and St Helens church.**

**I understand** that my child may leave the school premises for local visits / school led day visit / sporting events and hereby give my consent for my child to participate in such visits/events and activities deemed appropriate by the school.

I also acknowledge the need for them to behave responsibly and confirm they are in good health. I consider them fit to participate in any and all activities, with any exceptions discussed with their class teacher.

I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me

**I agree** to my child receiving medication as instructed and any urgent medical, dental or surgical treatment of any nature, including anaesthetic or blood transfusion, as

considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

**I agree** that if my child urgently requires medical, surgical or dental treatment and it is not possible to contact me/us, the Visit Leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

**I undertake** to inform the Visit Leader/Headteacher as soon as possible of any change in the medical or other circumstances after the date shown below.

I understand that my son/daughter may be videoed or photographed to promote off-site activity at the school/place of visit . I give consent for video and photographs to be taken of my son/daughter. I also understand these might be used promotional purposes.

**YES/NO**

Signed: ....................................................... Name: ........................................... (Parent/Carer)

Date: .............................................................

Signed: ....................................................... Name: ........................................... (Parent/Carer)

Date: .............................................................

**I/we may be contacted by telephoning the following numbers:**

|  |  |  |
| --- | --- | --- |
| Work: | Home: | Mobile: |
| Home Address: |

**Please turn over and complete other side**

**If the above contact is unavailable then please contact:**

|  |
| --- |
| Name: |
| Work: | Home: | Mobile: |
| Home Address: |

a) Name, address and telephone number of family doctor:………………………………………..

 …………………………………………………………………………………………………

b) Does your child suffer from any conditions requiring medical treatment or medication?

**YES/NO**

If yes please give details:

………………………………………………………………………………………………

………………………………………………………………………………………………

b) Is your child allergic to any medication or treatment? **YES/NO**

If so please give details:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

d) When was the last time your child receive a tetanus injection?

…………………………………………………………………………………………………

e) Please outline any special dietary requirements of your child:

…………………………………………………………………………………………………

**Swimming activity**

I/We give permission for my/our child to swim in the school swimming pool and in Y6 to swim in the pool at Etwall Leisure Centre. YES/NO

Is your child able to swim 50 meters? YES/NO

Is your child water confident in a pool? YES/NO

Is your child confident in the sea or in open water? YES/NO

Is your child safety conscious in water? YES/NO

 ***This form should be completed annually. It does not include consent for residential visits which will be done separately as needed.***

***It will be placed on the child’s school record and will be used throughout the school year at the relevant establishment. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.***