



Culford

CONSENT OF PARENT/GUARDIAN for Day or Period Visits in the UK

EXCURSION: Duke of Edinburgh Award Expeditions 2016 -2017

DATE: _____ **STAFF:** _____

PUPIL'S SURNAME: _____ **FIRST NAME:** _____

BOY/GIRL HOUSE: _____ **DATE OF BIRTH:** _____

NAME OF PARENTS/GUARDIAN: _____

PUPIL'S HOME ADDRESS: _____

HOME TELEPHONE NUMBER (with area code) _____

DAYTIME CONTACT NUMBER (with area code) _____

MOBILE NUMBER: _____

MEDICAL CONDITIONS/MEDICATION:

(Any medicine or tablets needed during the trip should be handed to the group leader for administration)

SPECIAL DIETARY REQUIREMENTS: _____

Signature of parents/guardians/pupil

I, the undersigned, who have parental responsibility for the above named pupil have completed the information requested above and overleaf. I have read and understood and I consent to the matters set out overleaf.

Signed: _____ **Date:** _____

Relationship to pupil: _____

I, the above named pupil promise to observe the rules governing behaviour, reporting and dress on the trip and also the School Rules (where applicable). I will do my best to ensure the safety of myself and other members of the party. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the school.

Signed by the pupil: _____

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Nothing in this form excludes the legal rights of the pupil or those with parental responsibility in the event of negligence by the school causing personal injury or death.

1. Transport

I consent to the pupil travelling by any form of public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorised by law and duly insured to drive.

2. Health

I certify that to the best of my knowledge and belief the pupil is in good health and (if applicable) has received all necessary inoculations. I am aware of no reason on medical grounds why the pupil should not be a member of the party for this trip.

3. Accident/Illness

I consent to all emergency or other medical or dental treatment including inoculations, general or local anaesthetic, surgery or blood transfusions which, in the opinion of a qualified medical practitioner, are necessary for the safety and well being of the pupil.

4. Physical Activities (if relevant)

I certify that the pupil **is/is not** a competent swimmer. (Please delete one).

I agree to the pupil taking part in any/all of the activities (where applicable) contemplated in the trip information, except for the following:

5. Personal Effects of the Pupil

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. We will not hold the School responsible for the losses unless caused by the negligence of the School.

6. Indemnity

I agree to indemnify the staff and the School against every loss not recoverable under the terms of the trip insurance including any liability by the pupil (alone or with others)