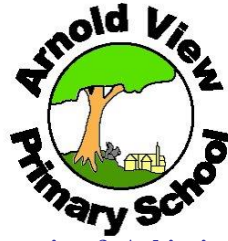




Arnold View Primary School



Living, Learning & Achieving Together

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10th May 2019

Dear Parents/Carers

HATHERSAGE VISIT – WEDNESDAY 10TH JULY TO FRIDAY 12TH JULY 2019

Please find attached a Parental Consent form for the above visit. **It is most important that this form is completed IN FULL and returned to school no later than Monday 20th May 2019.**

Please note that if this consent form is not completed correctly or not returned to school by the above date **YOUR CHILD WILL BE EXCLUDED FROM THE VISIT.** All sections should be completed or 'Not Applicable' written in the space. If you do not know when your child last had a tetanus injection please contact your GP's receptionist to establish this. If any information changes after you have completed the consent please ensure that you advise school so that any amendments can be made.

The activities referred to on the form are as follows:-

Half & full day walks

Indoor / Outdoor activities including a visit to the Pool Cafe

All activities will be accompanied by a teacher and other adults and where necessary a staff member from St Michael's Centre.

The following important information was explained at the parents' meeting. We will, as always require the children to be attentive and obedient **AT ALL TIMES**. When instructions are given, children must listen and comply immediately. This is to ensure the safety of all the children and adults involved. If any child fails to comply with this rule you will be contacted and asked to fetch your child home. Your signature on the consent form confirms that you and your child accept these conditions.

*If there is an emergency where we need to contact you, we will use the number you have provided, so please notify us of any changes. In an **EMERGENCY** should you need to fetch your child you can contact us at the centre. However, please be aware that this number is only manned whilst we are in the centre.*

The St Michael's Centre number is 01433 650309

This number is for EMERGENCIES ONLY.

All medicines, **CLEARLY LABELLED** with the child's name and dosage, should be given to a staff member on arrival at school. **PLEASE** provide travel sickness tablets if your child may need them. Labelled spares should be given to a staff member for the return journey.

Please remember that children are not allowed to bring food & drinks, personal stereos, I Pods, electronic games or mobile phones.

Yours faithfully

Kate Padwick
School Business Manager



Nottinghamshire
County Council

CONFIDENTIAL PARENTAL CONSENT FORM FOR Visits to Environmental Education Residential Centres (to be distributed with full details of the visit)

1. Consent for participation in the visit

Visit to: HATHERSAGE ST MICHAELS RESIDENTIAL VISIT

From: WEDNESDAY 10TH JULY TO FRIDAY 12TH JULY 2019

I agree to my son/daughter _____ (name) taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

* If there are any activities in which your child cannot participate, please give details:

I give permission for my son/daughter's name to be included in the collective passport to be held by the group leader

~~YES/NO~~ / NOT APPLICABLE

If water activities are involved, is your child confident in water?

~~YES/NO~~ / NOT APPLICABLE

2. Medical information, declarations and consent

- a) Son/daughter's date of birth: _____
- b) Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware: **YES/NO**
If YES, please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc:

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent ** for my son/daughter to self-administer the above drugs.

I give consent for a member of staff to administer paracetamol/ibuprofen for mild illness or in case of emergency. **YES/NO**

** delete if not applicable

- d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious? : **YES/NO**
If YES, please give brief details.

- e) Is your son/daughter allergic to any medication: **YES/NO** If **YES**, please specify.
- f) When did your son/daughter last receive a tetanus injection? _____
- g) Please outline any special dietary requirements of your child:
- h) **I undertake** to inform the group leader/ head teacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.
- i) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. Photograph Consent

- a) Nottinghamshire County Council occasionally uses photographs for promotional purposes (for our publications and/or website to promote the value of outdoor and environmental education). To comply with the Data Protection Act 1998, we need your permission before we use any photographs we have taken.

I give consent for my son/daughter's photograph to be used by Nottinghamshire County Council: **YES/NO**

4. Contact numbers

- a) I may be contacted by telephoning the following numbers:

Work: _____ Home: _____ Mobile: _____

My home address is: _____

- b) If I am not available, please contact:

Name: _____ Telephone Numbers: _____

Address: _____

- c) Name, address and telephone number of family doctor: _____

5. Any other relevant information _____

6. Signature

Date: _____ Signed: _____

Full name (capitals): _____