



WADEBRIDGE SCHOOL



Parental Consent Form

YEAR 7 ANNUAL CONSENT FORM

Student Name _____ Form: _____ Date of Birth: _____

Address _____

Emergency Telephone number(s) _____

Personal Information: Please give details requested below or personal information which might be relevant.

- Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks?

YES NO If yes, give details _____

- Does he/she suffer from allergies, diabetes, migraine, epilepsy or any other illness or disability?

YES NO If yes, give details _____

- Is he/she allergic to anything (e.g. antibiotics, elastoplast, aspirin or any particular food/drink)?

YES NO If yes, give details _____

- Is he/she receiving any medical treatment at present?

YES NO If yes, give details of illness/disability and treatment _____

- Does he/she have any special dietary needs? _____

Insurance: Please note that there is limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by the school's policy with Zurich in the event of negligence by one of its employees or agents. Details are available on request.

PARENTAL CONSENT:

- I have read the information provided and agree to my son/daughter taking part in the above activities.
- I acknowledge the need for him/her to behave responsibly at all times.
- I understand that the staff responsible for the activities will take all reasonable care of participants.
- I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated Local Authority guidance.

Signature _____

Print _____

Please return this form, together with any deposit or payment required, to the main school Office

General Data Protection Regulations. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under Department for Education guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Authority, without your written consent. The form will be securely destroyed after the trip. Full details of the schools Data Protection Policy together with Privacy Notices can be found on the school website at www.wadebridge.cornwall.sch.uk/gdpr