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PLEASE COMPLETE IN BLACK PEN

**PARENTAL/GUARDIAN CONSENT FORM AND MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS**

N.B: ALL SECTIONS OF THE FORM SHOULD BE COMPLETED BY THE PARENT/GUARDIAN

School/Organisation: **Pensby High School**

1. **Details:**  **Annual Consent Form 2022-2023**

I agree for my child:

**Full name**: ………………………………………………………………………………………………………………………………………..… Form ….………………

Address: …………………………………………………………………………………………………………………………… Postcode:………………………………

taking part in activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

**I enclose a contribution of £ ………… cash or cheque (payable to Pensby High School). Please return to the Office.**

**2. Medical Information**

***Cross out the YES or NO which does not apply.***

a) Does your child suffer from any of the following conditions:

Asthma YES/NO Bronchitis YES/NO

Chest Trouble YES/NO Diabetes YES/NO

Epilepsy YES/NO Fainting attacks YES/NO

Heart Trouble YES/NO Migraine YES/NO

Raised Blood Pressure YES/NO Tuberculosis YES/NO

If YES to any, please give full details

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

b) Does your child suffer from any other condition requiring medical treatment, including medication? YES/NO

If YES please give details: …………………………………………………………………………………………………………………………………………………..

c) To the best of your knowledge has your child been in contact with any contagious or infectious diseases, or suffered from anything recently, that may become infectious or contagious? YES/NO

d) Is your child allergic to any medication, insect bites, food etc? YES/NO

e) Is your child taking any form of medication on a regular basis? YES/NO

If YES to **c), d) or e)** please give details:

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

f) Has your child received a tetanus injection in the last 3 years? YES/NO

g) Has your child any special dietary requirements? YES/NO

If YES to **g)** please give details:

………………………………………………………………………………………………………………………………………………………………………………………….

**3. Swimming**

Is your child able to swim? YES/NO

If YES, comment on your child’s swimming ability.

……………………………………………………………………………………………………………………………………………………………………..

**4. Emergency Contacts (including family doctor)**

I may be contacted by telephoning the following numbers:

Work: …………………………………………………………..…………..… Home/Mobile: ……………………………………………………………………………

My home address is: ………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………… Postcode: ………………………………………………….

If not available at the above, please contact:

Name: …………………………………………………………. Tel No: ……………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………………………………………………………………………….

Relationship to student: …………………………………………………………………………………………………………………………………………………….

Name of family doctor: ……………………………………………………………………………. Tel No: ………………..………………………………………..

Address: …………………………………………………………………………………………………………………………….………………………………………………

…………………………………………………………………………………………………………………. Postcode: ………………………………………………………

**5. Declaration**

I understand that the member of staff in charge of the group will be acting in ‘loco parentis’ and in the event of an accident I agree to my child receiving emergency dental, medical or surgical treatment which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present.

I undertake to inform the organiser as soon as possible of any change in the medical circumstances of my child between the date on which I completed this form and the commencement of the activity.

I understand the extent and limitations of the insurance cover provided, and that the Metropolitan Borough of Wirral is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

Parent/Guardian Signature: ……………………………………………………………………………………………………………………………………………….

Print Name: ……………………………………………………………………………………………………………………………………………………………………….

Date: ………………………………………………………………………………………..

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| **This form, or a copy, must be taken by the leader on the activity.**  **A copy should be retained by the contact at the school.** |

**PLEASE RETURN THIS FORM TO THE MAIN SCHOOL OFFICE**

**Parent/Guardian Routine Visits Consent Form – 2022/23**

**School/establishment: PENSBY HIGH SCHOOL**

**Your son/daughter/ward name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form : \_\_\_\_\_\_\_\_\_\_\_\_**

I hereby agree to my son/daughter/ward participating in routine visits off the school/establishment site. These visits might include the following, or similar, activities (list not exhaustive):

*Theatre visits and performances, museum and gallery visits, places of worship, local walks, libraries, cinema, bowling, shopping centres, CLC, visits to other educational establishments*

These visits will normally take place at the following, or similar, locations:

*Theatres in Liverpool, Museums and Galleries in Wirral/Liverpool & beyond, Churches, Cheshire Oaks.*

**I understand that:**

* such visits will normally take place within the school/establishment normal hours, but that if, occasionally, they are likely to extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my son/daughter/ward return home;
* my specific permission will be sought for any visits beyond those listed above or which could involve commitment to extended journeys, times or expense;
* all reasonable care will be taken of my son/daughter/ward during the visit;
* my son/daughter/ward will be under an obligation to obey all directions given and to observe all rules and regulations governing the visit and will be subject to all normal school/establishment discipline procedures during the visit;
* I must inform the school/establishment of any medical or behavioural condition or physical disabilities that may affect them during the visit. I must also inform the school if any of my contact details change and/or if we need to be aware of any medical changes to your son/daughter/ward.

I understand the extent and limitations of the insurance cover provided and that Wirral Council is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

**Full name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**