

Aberdeenshire Council – Education, Leisure and Learning
Out of School Travel – Emergency and Information Form

PARENTAL CONSENT FORM

Name of participant Age

I confirm that I am the Parent/Guardian with parental rights and responsibilities for the above named.

Initial here

Excursion Details

Excursion to: (location) Alltnacriche SU Scotland
on: (dates) 27th – 29th March (P6A, P5/6); 29th – 31st March (P6B)
Provided by: (establishment) Uryside School
and Led by: (party leader) Mr David Shanks

I confirm that I have provided up-to-date details about my child/ward and understand that I must up-date this information should there be any last minute changes that may affect the excursion.

Initial here

I confirm that I have received the activity information details accompanying this form. I understand the nature of the activity(s) to be undertaken by my Child/Ward and consider Him/Her fit to take part.

Initial here

I confirm that I have provided active contact details and understand that I should be available if required to collect my child/ward from the excursion venue.

Initial here

I confirm that I have read and understood the statement about Residual Risk.
Parents should be aware that it is inconceivable that all risk will be eliminated from an excursion or event. The risk that remains having carried out a risk assessment and implemented control measures to manage it is called the "Residual Risk". It is important that all those involved, including parents are aware and acknowledge that residual risk exists.

Initial here

I acknowledge that Party Leaders cannot be held responsible for the loss or damage of pupils' personal property.

Initial here

I confirm that I have read and understood the statement about insurance.

Initial here

Insurance Information: Aberdeenshire Council do not provide cover for personal accident, illness, loss or damage incurred by participants. Further, the Council's Third Party liability policy will not necessarily indemnify participants in the event of a Third Party being injured solely due to the negligence of the participants. The Council's Third Party liability policy, will however meet claims from Third Parties arising from the negligence of the Council or its employees. Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.

Name of Parent/Guardian with parental rights and responsibilities:

(Block Capitals)

Address

Home Tel No.....Work.....Mobile.....

Signature..... Date.....

Emergency contact Details

It is important that both yourself and another adult prepared to take temporary responsibility for your child/ward is contactable for the duration of the activity/event. Please give details:

Name of person to contact (Block Capitals please)

Address.....

Home Tel No.....Work.....Mobile.....

Relationship to participant.....

Aberdeenshire Council – Education, Leisure and Learning
Out of School Travel – Medical Information and Consent Form

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the care and treatment of your child/ward. All information requested will be treated in strict confidence and will not necessarily prejudice the inclusion of your child/ward in the activity. It is in the interests of your child/ward that full and accurate information be given.

Recent surgery for Date

Any known allergy to medicine (e.g. penicillin)

Is your child undergoing treatment by a doctor? (If so, please give details)

Any medical condition which a doctor should know before carrying out treatment (e.g. Asthma)

Please state any restrictions you wish to place on emergency medical treatment

Please give details of any special diets e.g. vegetarian/diabetic/no specific "E" numbers etc.

Details of any special cultural or religious considerations that you would wish to be made.

Any additional information

Name of Family Doctor

Address:

Tel No:

I hereby consent to the submission of the above-named to emergency medical or surgical treatment including the administration where necessary, of a local, general, or other anaesthetic.

Initial here

I understand that in terms of the Act of Legal Capacity (Scotland) Act 1991 my child/ward may also consent to his/her own medical treatment if the doctor attending is of the opinion that he/she understands the nature and consequences of such treatment.

Initial here

For water-based activities only: I certify that my Child/Ward **is / is not* water confident and that he/she **can/cannot* swim up to 50 metres.

• Delete as appropriate.

Initial here

I agree that staff may administer general painkilling medication to my child/ward e.g. paracetamol, Ibuprofen, for any minor injuries or illness.

Initial here

Declaration

I hereby give consent for my child/ward to take part in the above activity and confirm that my initials placed in the boxes above indicate that I fully understand the various implications of my consent. I also understand that it is my responsibility to inform the party leader of any significant changes to the information I have provided about my child/ward between now and the excursion taking place.

Signature

Date:

NB If you are unable to initial any one or more of the boxes above but still wish your child/ward to take part, please contact the party leader.

If you are having difficulty with reading or translating this form and the information sent with it you should contact the party leader.

The information on this form will be processed for the administration and management of Education and Children's Services within Aberdeenshire Council and in accordance with the provisions of the General Data Protection Regulation (GDPR – EU 2016/679). Please refer to the Privacy Notice which you signed along with the admission form(s) when you enrolled your child at Uryside School.

Behaviour Agreement

When we are engaging in any out of school activity it is vital that we represent ourselves and the school in the best way possible. As a reminder, the school values and 5 point scale are included below:

Our School Values

Everyone learning together to create a happy and safe school!



<i>Everyone Working Together</i> <i>We include each other and support each other every step of the way</i>	<i>Showing Kindness and Respect</i> <i>We care for each other. We are polite and listen to each other.</i>	<i>Doing Our Best Aiming High</i> <i>We challenge ourselves! I can!</i>	<i>Learning for Life</i> <i>Developing skills for learning, life and work. We learn from our mistakes!</i>
--------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

Uryside School 5 Point Scale

Example of sanction/consequence of behaviour

Example of Behaviour(s)

5	Exclusion <u>Removal from trip or outing</u>	Significant Injury to another Dangerous behaviour Persistent inappropriate behaviour
4	Parental/School/Child Meeting <u>Removal from trip or outing</u>	Consistent Inappropriate behaviour Deliberate Injury to another
3	Letter to parent written by child explaining behaviour. Letter to be signed and returned to school. <u>Removal from trip or outing</u>	Lack of Respect Abusive to others (physical, verbal and emotional) Continual inappropriate behaviour Discriminatory behaviour
2	Loss of Playtime Loss of Lunchtime Loss of Golden Time (5 minutes)	Consistent disruptive behaviour
1	Reminder Warning Timeout	Disruptive Interrupting Lack of focus Uncooperative

I agree to follow the school values and behave in an acceptable way when out in the wider community, on a school trip or outing. I am aware that my behaviour is my choice. I am aware of the 5 point scale and the consequences of any misbehaviour.

Name of child: _____ Signature of child: _____

I understand that I should be available, if required, to collect my child/ward from the excursion venue.

Signature of parent/carers: _____ Date: _____