



EXCURSION FORM

Parental Consent Form

Name of pupil/participant _____ Class _____

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) Inverurie Academy
on: (dates) Friday 6th March time 9.20-2.20pm
Provided by: (establishment) Inverurie Academy
and Led by: (party leader) Craig Paterson, Depute Rector

I confirm that I have provided up-t-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 insurance.

Initial here

I confirm that I have read and understood the statement about Residual Risk

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 meters.

Initial here

- Delete as appropriate.

Emergency contact Details

It is important that either yourself or 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 _____
Address _____

Home Tel No: _____ Work Tel No: _____

Relationship to participant _____

Name of Parent/Guardian with parental rights and responsibilities:
(Block Capitals)

Relationship to participant _____

Address _____

Home Tel No: _____ Work Tel No: _____

Signature: _____ Date: _____

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Medical Information and Consent:

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.

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.

<u>Initial here</u>

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.

Residual Risk

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.

Aberdeenshire Council's Public Liability policy will cover any injury or loss incurred by individuals due to the negligence of the Council or its employees (including volunteers who are working under the instructions of the Council). Personal accident and/or travel insurance for young people remains the responsibility of parents.

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