

THE FRANCES BARDSLEY ACADEMY FOR GIRLS

PARENTAL CONSENT FORM FOR EDUCATIONAL VISITS

Parental Consent Form (Longer Version)

1. I agree to my daughter form
taking part in the journey to
which has been organised by The Frances Bardsley Academy for Girls.
2. I agree to the arrangements for the journey and understand that alterations may be necessary in the event of unforeseen circumstances.
3. I understand that the school and the organisers of the journey take all reasonable and proper precautions for the care and safety of my daughter and of her personal property. I also understand that the organisers will only be responsible for any injury or loss of personal property if this is caused by negligence on the part of the organisers.
4. I agree to inform the school of any relevant medical and other special circumstances affecting my daughter, including any treatment required during the course of the visit.
5. I understand that if my daughter should need emergency medical or surgical treatment, the organisers of the journey will make every effort to contact me before the treatment is given. If, however, this is impossible, I agree that if necessary, the organisers have my consent for my daughter to undergo emergency medical or surgical treatment.

My daughter's National Health number is:

6. I agree to reimburse the Academy and the organisers for any necessary expenditure which may be incurred in the case of an emergency.

Date: Signed:

Parent/Carer Name: *(please print)*.....

GENERAL INFORMATION

Student Name: Student Date of Birth:

Address:

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Postcode:

Student Mobile: Home Telephone:

Parent Mobile: Work Telephone:

Next of Kin:

Relationship:

MEDICAL INFORMATION

Doctor: Telephone:

Address:

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Postcode:

Do you suffer from:

Epilepsy Diabetes Asthma None:

Other:

Allergies None:

Date of last Tetanus Injection

Any special Dietary requirements:

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Any other information

Signed:
(Parent/Carer)

Date: