Parental Consent Form for Offsite Visits, Sporting and Extra Curriculum Activites.

Description of Activity:	All offsite, sporting & extra Curriculum activities for 2020/21	**Date & Venue of activity:**	Various

Data Protection Act. *The information being collected on this form will be used for the purpose of Norton C of E Primary School administration and of visits and journeys under Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Education Authority, without written consent. Please inform the school of any change of address, telephone number and medical issues whilst your child is on roll at Norton School. A copy of this form may be returned to parents/guardians by the school once received after signature, should it be request.*

- **Contact Information**

Pupils Full Name			
Date of Birth	**Sex**	**M**	**F**
Home Address			
	Post Code		
Home Telephone Number			
Emergency Contact Name & No			

- **Emergency Information**

Name of Doctor & Surgery	
Address	
Telephone Number	

Please detail any medical problems that we should be aware of and if necessary procedures to be taken in an emergency:

- **Disability Information**

Is your child on the Disability Equality Register:	**YES**	**NO**

Please detail any disability problems that we should be aware of and if necessary procedure to be taken in an emergency:

- **Personal Information** Please give details requested below or personal information which may be relevant

Has your child, to your knowledge, been in contact with any infectious illness in the last 3 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 (eg. Antibiotics, sticking plasters, any medicines or particular food, etc?		**YES**	**NO**
If YES give details:			
Is he/she actively sensitive to penicillin?		**YES**	**NO**
Is he/she receiving any medical treatment at present?		**YES**	**NO**
If YES give details of illness/disability and treatment:			
Date of last anti-tetanus injection	**Date:**		
Does he/she have any special dietary needs?		**YES**	**NO**
If YES give details:			
Can he/she swim 50 metres?		**YES**	**NO**
I give permission for photographs to be taken during trips/ activities by Norton staff for use in school		**YES**	**NO**

- **Parent Consent**

(i)	**I agree** to my son/daughter taking part in all offsite, sporting and extra curriculum activities.
(ii)	I understand that the staff responsible for the activities will take reasonable care of participants.
(iii)	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 wish to withhold my consent for the following activities – please give details:

Signature: …….. (Please print your name alongside your signature)
Date form completed: …… (dd/mm/yyyy)