



Year Group:	<b>Year 4: Blue Class</b>
Destination:	<b>Hothersall Lodge and Ribchester Museum</b>
Dates of visit:	<b>Monday 14<sup>th</sup> November – Tuesday 15<sup>th</sup> November 2022</b>

**PARENTAL / CARER CONSENT AND MEDICAL INFORMATION FORM FOR  
TYPE B EDUCATIONAL / OFF-SITE VISITS**

**(This form must be completed in full by the parent/carer and returned to the school office/class teacher)**

**The consent form MUST be completed and returned to the school office by the deadline given on the attached visit letter. Non-receipt of the consent form will mean that your child will NOT be able to participate in the visit/activity.**

Proposed activities:	<b>Residential stay with river studies and visit to Ribchester Roman Museum</b>
Transport:	<b>Coach</b>
Time and place of departure:	<b>School: 10am Monday 14<sup>th</sup> November (Arrive in school at normal time)</b>
Time and place of return:	<b>School: 3pm Tuesday 15<sup>th</sup> November 2022 (Collect from school at normal time).</b>
Accommodation address:	<b>Hothersall Lodge Hothersall Longridge Lancashire PR3 2XB</b>
Base contact details <i>(these should only be used in emergency situations):</i>	<b>Mrs Brennan (school office): 01524 65880 Out of hours: 01524 65880 (This number will redirect to Ms Naylor)</b>
Cost: (Voluntary contribution*)	<b>£70.00 (Payment instructions will be sent separately via text/email. This can be paid in instalments if preferred. If you have any problems with this, please contact the school office).</b>

**Please note:**

- Copies of the written risk assessment for the activities are available on request from the school.
- For the visit and the journey to be a valid and safe educational experience, sensible active involvement is required for all participating children. To ensure that the maximum value is gained the school has particular requirements regarding conduct and behaviour. Your acknowledgement of this is essential. If you require any further details, please contact the visit leader.
- In the light of unacceptable behaviour, the school reserves the right to deny a place for a student on the visits, or to return the student home.
- This visit has been planned in such a way that, at certain times, there may be an element of 'remote supervision' employed as a group management technique by the accompanying staff/adult helpers. This is recognised good practice and while the staff/adult helpers will not be directly/closely supervising the young people they will be positioned in such a way that they will be able to offer 'timely' assistance as required.
- It is important that parents/carers contact the school prior to the visit if there has been any recent illness of which the visit leader should be aware. Furthermore, parents/carers should provide the school with any updated medical information and any changes to emergency contact information.
- Please note that this visit is covered by Lancashire County Council's Public Liability insurance. There is no Personal Accident or Travel Insurance provided for your child, which would cover injury or property loss/damage happening on the visit regardless of legal liability. If you feel this is necessary, you will need to make separate arrangements.
- Copies of the Lancashire County Council Educational Visits Policy are available on request from the school.
- *\*No child will be excluded from the visit on the basis of voluntary contributions. However, if insufficient contributions are received, the visit will have to be cancelled. If you are struggling to meet the cost of a visit, please talk to a member of the school office team in confidence.*

**Child's name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**I agree to my son/daughter/ward taking part in the above stated activity and, having read the visit information letter, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school reserves the right to prevent my son/daughter/ward taking part in the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school with any medical information or changes to emergency contact details.**

**Emergency Contact Details:**

a) Name of parent/carer: \_\_\_\_\_

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

I can be contacted by telephone on the following numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

b) Name of an alternative emergency contact: \_\_\_\_\_

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

Alternative emergency contact can be contacted by telephone on the following numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

c) Child's health service details:

NHS number (if known): \_\_\_\_\_

Family doctor (Name, address and telephone number): \_\_\_\_\_

\_\_\_\_\_

**Medical Information**

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

Asthma	Yes/No	Bronchitis	Yes/No
Chest Problems	Yes/No	Diabetes	Yes/No
Fainting	Yes/No	Migraine	Yes/No
Heart Trouble	Yes/No	Raised Blood Pressure	Yes/No
Tuberculosis	Yes/No		
If 'Yes', to any of the above, please provide details: .....			
.....			

Epilepsy	Yes/No	If 'Yes',
a) What specific epilepsy syndrome has been diagnosed for your child? .....		
b) What is the pattern of any seizure? .....		

**b) Does your child suffer from any other condition requiring medical treatment, including medication?**

Yes/No

If 'Yes', please provide details: .....

.....

**c) Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?**

Yes/No

If 'Yes', please provide details: .....

.....

**d) Has your child been immunised against the following diseases?**

Poliomyelitis Yes/No

Tetanus (lock jaw) Yes/No

If 'Yes', to tetanus, please give date if known: .....

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

If 'Yes', please give full details, indicating the type of medication and dosage:

.....

**Please ensure that your child has adequate supplies of medication and dosage for the whole visit.**

**f) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?**

Yes/No

If 'Yes', please give full details: .....

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**g) In the case of a residential course, does your child have any: (please give the details).**

- Special dietary needs?

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- Any childcare needs?

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**Other information:**

Please supply any additional information that you wish the visit leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect him/her on this visit:

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**Insurance Cover**

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School.

**Declaration by Parent/Carer:**

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed visit and the insurance arrangements.
- I consent to my child taking part in the visit and, having read the visit information letter, declare my child to be in good health and physically able to participate in any activities mentioned; subject to any agreed adjustments.
- I have noted where and when the pupils are to be returned and understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the visit leader prior to the visit.

**Signature of parent/carers:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of parent/carers in block letters:** \_\_\_\_\_

**Address of parent/carers:** \_\_\_\_\_

\_\_\_\_\_

**Please return this completed form to the school office by**  
**Monday 17<sup>th</sup> October 2022**