

**FOR ALL UK NON RESIDENTIAL TRIPS UNTIL JULY 2019**

**Including: Activity week/Agri trips/Horti trips/Sports/Weekend Activities**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year/Class: \_\_\_\_\_\_\_\_\_\_\_\_**

I wish my son to be allowed to take part in the above mentioned activity/visit and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

I understand that, while the establishment staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss or damage suffered by my son during the activity/visit. All activities/visits are covered by public liability insurance arranged by Zurich and trips outside the area are usually covered by Zurich comprehensive travel insurance. Details of cover are available from the establishment on request. I have read, understood and agree to the Declaration and Explanatory Notes. I am happy for named photos of my child to be released to the Press and Website.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Carer Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Declaration – Having read the information sheet, I agree to my child taking part.*

**Please return slip in a sealed envelope with student’s name and year group detailed on the outside of the envelope and return to the school office**

*I understand that all reasonable care will be taken of my child during the visit/activity and that he will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.*

*I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others that he may be sent home early from the visit/activity. In such a situation, there will be no obligation on the academy/establishment to refund any money.*

*I agree to my son receiving medication as I have instructed in the consent form and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.*

**EXPLANATORY NOTES – The consent form serves several important functions.**

* It confirms your knowledge of, and your agreement to, your child’s participation in the planned visit.
* It advises you that Brymore Academy will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
* It contains information about your child together with your consent to medical treatment if required.
* It gives the supervising staff immediate information on how to contact you in an emergency.
* If the consent form is not returned your child will NOT be able to participate in the visit.

**If you wish to discuss the contents, please contact Mr Thomas at Brymore Academy.**

Data Protection. The data collected by the Academy is shared with the Somerset Local Authority and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.