

Form R4 PARENTAL CONSENT FORM FOR RESIDENTIAL VISIT



This form is to be completed by the Parent/Guardian and returned to the Party Leader

Trip to Party Leader

Pupil's Name		Date of Birth	
Parents' name and Initials:			

Please tick either a) or b)

- a) **I confirm** I can be contacted on the numbers given on the Annual Medical Parent Consent Form
- b) **I am unavailable** through my normal contacts during this period, but may be contacted via *(please give details in the box below)*

INSURANCES

- The school carries public liability insurances to pay damages arising out of claims for negligence resulting in injury or death. This cover applies both at school as well as anywhere in the world in respect of school journeys.
- The school does not insure pupils' personal property, nor does it insure a pupil against accidental injury, although the majority of parents have cover through the HSBC Pupils' Personal Accident Scheme.
- In cases of travel abroad, the tour operator's insurances will normally be taken up to provide medical cover. The relevant insurance details are available on the school website.

DECLARATION

1. I agree to my daughter taking part in this visit and, having read the information letter, agree to her participating in any or all of the activities described.
2. I acknowledge the need for obedient and responsible behaviour on her part.
3. I agree to reimburse any member of staff for any costs or expenses reasonably incurred and/or other sums reasonably disbursed by him/her on behalf of the above pupil during or as a result of the visit.
4. I have noted where and when the pupils are due to be picked up and returned and understand that I am responsible for my daughter being on time and being picked up on time.
5. I understand the extent and limitations of the insurance cover provided.
6. I understand that any mobile phone, Ipod or other valuable is entirely the responsibility of my daughter.
7. I take responsibility for ensuring that my daughter brings with her any necessary medications
8. **I have given details of any medical conditions/ dietary needs relevant to my daughter on the Annual Medical Parent Consent Form, which might affect her during the visit and have agreed to inform the School should any details on that form change.**

Any additional medical information relevant to this trip

Signed: **Dated:**