

## Excursions/Visits - Early Years Centres/Establishments/Primary Schools

**Parent/Carer Consent Form**

## Regular and Ongoing Programme of Excursions/Visits in Glasgow ONLY

PLEASE USE BLACK INK AND BLOCK LETTERS

**1** Name of Establishment

I agree to my son/daughter (name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ taking part in a programme of excursions/visits throughout the year within the locality of the establishment and within Glasgow City Council. This form is for regular ongoing activities (excluding swimming or activity where swimming is essential) in Glasgow. At this point in time specific dates, places and times are not available. Every time your child has the opportunity to participate on a visit or outing in Glasgow **YOU WILL BE NOTIFIED OF DATE, ACTIVITY AND TIMES.**

**IF ANY OF THE MEDICAL DETAILS FOR YOUR CHILD SHOULD CHANGE YOU MUST LET YOUR CHILD'S TEACHER OR HEAD OF ESTABLISHMENT KNOW. PLEASE ALSO INFORM THE TEACHER IF YOU DO NOT WISH YOUR CHILD TO PARTICIPATE IN THE VISIT OR OUTING.**

If your child has been in contact with any contagious or infectious diseases or suffered from anything in the four-week prior to any visit/outing that may be or may become contagious or infectious please notify the school.

A separate consent form, Appendix 4c/4e, will be completed if swimming or activity where swimming is essential has been included.

**2** Medical Information

Please tick

a) Does your son/daughter suffer from any condition requiring medical treatment, including medication? *If YES, please give brief details*

 YES  NO

b) Is your son/daughter allergic to any medication? *If YES, please specify*

 YES  NO

c) Has your son/daughter received a tetanus injection in the last five years?

 YES  NO

d) Please outline any special dietary requirements of your child.

e) I undertake to inform the group leader/Head of Establishment as soon as possible of any changes in the medical circumstances between the date on which this form is signed and the commencement of the activity/programme which takes place on a regular basis throughout the year.

**3 Declaration:** I agree to my son/daughter receiving medication as instructed and any emergency medical, dental 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. I will inform the Head of Establishment if any medical circumstances are changed from the original form and if they have been in contact with any contagious or infectious diseases or suffered from anything in the four-week prior to any visit/outing. I will also inform the early years centre/establishment/primary school if I do not wish my child to participate in the visit/outing.

I may be contacted by phoning the following numbers:

Work \_\_\_\_\_ Home \_\_\_\_\_

My home address is \_\_\_\_\_

If not available at above, please contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name, Address and Phone Number of Family Doctor

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

This form or a copy must be taken by the group leader on the activity. A copy must be retained by the Head of Establishment. During holidays a copy must be retained by the nominated Liaison Officer.

**NOTE: EVERY TIME YOUR CHILD HAS THE OPPORTUNITY TO GO ON A VISIT OR OUTING YOU WILL BE NOTIFIED. YOU WILL ALWAYS BE GIVEN INFORMATION ABOUT THE VISIT/OUTING INCLUDING DATE, ACTIVITY AND TIMES.**