Parental Approval Form EV2

**Parental / legal guardian / carer consent form**

|  |  |
| --- | --- |
| **Name of young person:**  |  |
| Establishment/school: Newlands Primary | Excursion leader:  |
| Excursion details | Date:  |
| Additional information will be provided by: (delete as needed)  | Parents meeting (date):  |   |
| This form should be returned to:   | Mrs Weir | By (date): ASAP |

**Part 1: Additional support and/or medical information.** (To be read and completed by parent/legal guardian.)

Having been supplied with information regarding the excursion, does your child have any illnesses, injuries, specific additional support needs, specific dietary needs or medical factors (such as asthma, allergies, phobias, vision/hearing impairments, recent illness/injury, contact with contagious or infectious disease in last 4 weeks) that should be brought to the attention of the excursion leader? Yes  No 

|  |  |  |
| --- | --- | --- |
| If yes please give brief details and significance.   | Details:  |  |
| When did your child last receive an ‘anti tetanus’ injection?  | Date:  |  |
| Name of GP:  | Tel no:  | Address of GP:    |

During the time between this date and the excursion, if the status of my child’s health changes, I will bring this to the attention of the excursion leader. I understand I should inform the excursion leader in writing as soon as possible, up to and including the day of the excursion, clearly identifying the name and date of birth of my child and the nature of the change. I understand that if I do not inform the excursion leader this may compromise my child’s participation in this excursion.

**Administration of prescribed medication request.**

Will your child require to have prescribed medication issued during the duration of this excursion?

**Yes**  - please complete details below. **No**  - please go to Part 2.

**REQUEST FOR PRESCRIBED MEDICATION TO BE ISSUED DURING THE EXCURSION**

I request that my child be given the following medication during the excursion. The medication below has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage, expiry date and child’s name in full. I understand that the medication will be administered to the above named student and accept that this is not a service that the school is obliged to undertake.

It is the parent’s responsibility to ensure that there is sufficient medication available and that it is in date. If the excursion is abroad it is recommended that the parent supply an extra 48 hours medication. GP’s should be consulted if there is any doubt about how much extra should be taken.

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Medication**  | **Date Prescribed**  | **Duration of Course**  | **Dose Prescribed**  | **Time(s) to be given**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

**Note:** Medication will not be accepted by the school for administration during the excursion unless this form is completed and signed by the parent or legal guardian of the child and the administration of the medications are agreed by the Headteacher. The Head-teacher reserves the right to withdraw this service.

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**Part 2: Communication during excursion.**

In the event of a change to arrangements, such as a delayed return or unplanned event, please supply two contacts, one of which must be parent/legal guardian/carer, plus an alternative contact in the event you cannot be reached.

|  |  |
| --- | --- |
|  | **Parent/legal guardian/carer details.**  |
| Name:   |  |
| Mobile:   |  | Landline with area code:  |
|  | **Alternative contact details:**  |
| Name:   |  | Relationship to young person:  |
| Mobile:   |  | Landline with area code:  |

These numbers will be retained by excursion leader for the duration of the excursion.

**Part 3: Parental consent.** To be completed and signed by parents/legal guardians/carers.

I have received, read and completed all parts of this form (EV2) and note the details of the activity, any travel involved and the summary of foreseeable risks plus all other excursion information provided. I note there is insurance available through Scottish Borders Council which covers this excursion. I agree with behaviour standards required. I note that in the event of any medical emergencythe excursion leader will be responsible for ensuring my daughter/son is provided with appropriate medical attention and I agree to my daughter/son receiving such emergency medical treatment, including anaesthetic, as considered necessary by the medical authority consulted.

**I agree** to my daughter/son …………………………………………….. (name) taking part in the excursion/s outlined on page 1 and her/his full participation in the activity described.

Please note that both parental signatures are requested when an excursion involves travel abroad – please contact the school to discuss if this is not possible.

**Name ……………………………………………… Signature ……………………..……………..Date ………………………**

**Name ……………………………………………… Signature ……………………..……………..Date ………………………**

**I do not agree** to my daughter/son …………………………………(name) taking part in the excursion

**Name ……………………………………………… Signature ……………………..……………..Date ………………………**

# Name ……………………………………………… Signature ……………………..……………..Date ………………………

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