

PARENTAL CONSENT / MEDICAL FORM**EV4 (CAS 2014)****Standard consent for non-residential & non-adventurous activities.**

Service / Group			
Name of Pupil / Young Person		Date of birth	

1. General consent

I agree to my son/daughter participating in educational visits and other off-site activities including –

- All visits organised by the above group / team / service on behalf of Durham County Council that are part of the normal activities in which the group / team / service engages.
- Trips and off-site activities during the day, evening and weekends.

Further written consent will only be requested for residential trips and for trips where the activities are defined as adventurous in the Children and Adult Services (CAS) educational visits and off-site activities policy.

Information will be send to parents about each trip or off-site activity before it takes place. In many cases this information will be distributed to parents / carers via the child / young person participating in the activity.

You can, if you wish, tell the group / service / team that you do not want your child to take part in any particular visit or activity.

This consent will apply for the duration of the child's / young persons participation with the team / group / service or until withdrawn in writing.

2. Medical information about your child

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform the group leader / activity coordinator of any change in medication that is relevant to educational visits and off-site activities.

Please list any medical conditions or prescribed medication you want the group leader / activity coordinator to be aware of. Include details of all medication your child will need to take on visits / off-site activities.

List all medical needs -

I hereby undertake to indemnify Durham County Council and the staff accompanying the group against any costs and expenses reasonably incurred by them on behalf of my child during the visit (for example, the cost of replacement food or clothing not supplied for a trip/visit). This indemnity will not extend to any claims, damages, costs or expenses against the risk of which Durham County Council or member of staff are entitled to be indemnified under any policy of insurance.

3. Signature of parent / guardian.

Please sign this form if you agree with all the above.

Name (capitals)		Relationship to young person	
Signature		Date	
Emergency contact number –			