*EV5: PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT*

## This two-page form should be read with the accompanying information/letter about the visit.

*Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections.*

*This information is requested to enable staff to be fully informed and act in the best interest of all participants. All sections must be completed. Please complete the GDPR section at the end of the document specific to your establishment.*

|  |
| --- |
| GENERAL INFORMATION  Name of Son/Daughter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School/Establishment: High Ham C of E Primary School Year 6 Date(s) of visit:15th March 2022 Start: 14.00 Finish: 15.10  Activity/Visit: Action Track Music Venue:.Huish Episcopi Academy |

|  |
| --- |
| MEDICAL INFORMATION  1. If your child has any condition that may require specific management, medical treatment and/or medication during the activity/visit please give details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. If your son/daughter has any allergies to food, plasters or to any medication please give details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. If your child has had any recent illness, accident or injury which staff should be aware of please give details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Date of your child’s last anti-tetanus injection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you feel that further detail or a discussion is required regarding any of the information that you have supplied, please contact the Visit Leader or your child’s Head Teacher/Senior Manager prior to the departure date. |

|  |
| --- |
| EMERGENCY CONTACT  Name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency telephone: Daytime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alternative emergency contact should parents/carers not be available:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*EV5: PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT (cont’d)*

|  |
| --- |
| DECLARATION – PLEASE READ AND DELETE WHERE APPROPRIATE I understand that all reasonable care will be taken of my child during the visit/activity and that he/she must follow all directions and instructions given, as well as all rules and regulations concerning the visit/activity.  I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation, the school will not be required to refund any money**.**  I understand that all visits are covered by public liability insurance. I understand the extent and limitations of the insurance cover provided & that the school staff in charge of the group will take all reasonable care of my child’s property, so they cannot necessarily be held responsible for any loss or damage suffered by my child during the visit. I can contact the school if I need further details.  I agree/do not agree (please circle as necessary) to my child receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present, in his/her best interest.  I give permission/do not give permission (please circle as necessary) for my child to be photographed/filmed during this visit/activity (for possible use in displays/presentations & press releases).  I consent to my child taking part in this activity/visit, including any or all of the activities described.  Full name of parent/carer (print please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My child will be picked up from Huish Academy at 15.10 by ………………………………………….......  Contact Phone number ……………………………………………………. |

General Data Protection Regs (GDPR): Notification regarding the processing of any personal data supplied on this form

Data Controller – Joanne Stewart

Data Protection Officer contact – [informationgovernance@somerset.gov.uk](mailto:informationgovernance@somerset.gov.uk) or establishment contact

Purpose for processing – *to ensure the safety and welfare of the young person during off-site visits and activities*

Legal basis for processing - e.g. to ensure the health, safety & wellbeing of the young person in our care – Children’s Act 2004 Section 11

*By Law – used where statutory instrument allows for processing, e.g. Children’s Act 2004, Section 11*

*Legitimate Interests – Used where legal basis for processing is legitimate interest i.e. SCC/establishment will also use your data for the purposes of monitoring quality, audit and for dealing with any enquiries or complaints. E.g. To Identify any limitations or reasons where consent is NOT given for a chosen activity*

Data Sharing – the personal data provided will be shared with e.g. emergency services/key school contacts

Transfers abroad – this data will not be transferred abroad

Data Retention – this data will be retained until the student leaves the school to meet GDPR requirements

Your Rights – You have the right to ask Somerset County Council/establishment to a copy of your data, the right to rectify or erase your personal data, and the right to object to processing.

However, these rights are only applicable if the Council/establishment has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

Consequences: If you do not supply this information the young person will not be able to participate in the specified activity

For more information see [www.somerset.gov.uk/privacy](http://www.somerset.gov.uk/privacy)

|  |
| --- |
| EXPLANATORY NOTES - This form serves several important functions.  1. It confirms your knowledge of and your agreement to your child’s participation in the planned visit.  2. It gives the supervising staff immediate information on how to contact you in an emergency.  3. It contains information about your child together with your consent to medical treatment if required.  4. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.  5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.  6. If you wish to discuss any of the contents of this form please contact the child’s Headteacher/Senior Manager. |