PARENTAL CONSENT AND ACCEPTANCE OF CONDUCT FOR A SCHOOL VISIT
THE COTTESLOE SCHOOL

VISIT TO

From (date/time): To (date/time):

Student's name: Date of birth: Reg:

I agree to my child taking part in this visit and have read the information. I agree to my child's participation in the activities described. I acknowledge the need for my child to behave responsibly, taking heed of the points listed below and we both sign to confirm our acceptance:

- To listen to and obey all instructions given by members of Staff.
- At no time to wander off or leave the main group.
- Never go anywhere alone.
- When travelling by private or public transport of any kind (plane, coach, minibus, bus, car, train, ferry, taxi, boat):
  a) To behave sensibly at all times and do nothing to distract the driver;
  b) Not to leave any rubbish on the mode of transport;
  c) To remain seated and not to go anywhere (e.g. toilet, shop, cafeteria) without the permission of a member of Staff.
  d) Not to be rude to any other passengers.
- To behave sensibly and not annoy any other member of the public.
- Not to purchase any item(s) which are dangerous, banned or illegal.
- I understand that if there is a serious breach of discipline that my parents will be sent for to bring me home.
- I understand that if I misbehave while on the school visit, I will not be allowed on any future visits.
- I will behave at all times in a manner which is expected of a student at the Cottesloe School.

Signed (*parent*): ..... Signed (*student*) .....

Signed (*staff*): ..... Date: .....

Medical information about your child:

a) Any conditions requiring medical treatment, including medication? Yes ☐ No ☐
If YES, please give brief details (**it is the responsibility of parents/carers to ensure that the child carries the correct, in-date, medication on the trip**):

b) Please indicate whether you are happy for your child to be given paracetamol as pain/flu relief, if necessary.
Yes ☐ No ☐

c) I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

d) I agree to my son/daughter receiving medication as instructed, and any urgent dental, medical 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.

Name and address of family doctor:

Telephone:

Contact telephone numbers:

I may be contacted by telephone on the following numbers:	If I am not available at given numbers, please contact:
Home: Mobile: Home address:	Name: Tel. No: Address:

Signed: .... Date: .....

Full name (capitals): ..... Relationship to student: .....

THIS FORM, OR A COPY, MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

IF NECESSARY, PLEASE NOTE OVERLEAF ANY FURTHER INFORMATION YOU FEEL MAY BE RELEVANT

Please return to the PE Department