

Durrington High School

PARENT / CARER CONSENT FORM

Student training hikes and Duke of Edinburgh Bronze Expeditions on the South Downs

Monday 20th February (half-term)	Familiarisation hikes	accompanied
Friday 7th April 2017 (last day of term)	Familiarisation hikes	accompanied
Wednesday 15th / 22nd / 29th March (after-school)	DofE navigation hikes *	unaccompanied **
Saturday 29th April to Sunday 30th April 2017	DofE Practice Expedition ***	unaccompanied
Saturday 8th July to Sunday 9th July 2017	DofE Qualifier Expedition ***	unaccompanied

- * Unaccompanied events are supported through remote supervision and meeting students at safety checkpoints.
- ** Each student teams will undertake one of the Navigation hikes.
- *** For over-night events support staff will be present on the campsite.

I wish my son / daughter _____ Tutor Group _____

To be allowed to take part in the above mentioned school activities, having read the information sheet, agree to his / her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his / her safety and for the safety of the other employees that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and employers in charge of the activities will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son / daughter arising during or out of the journey.

Please delete and complete the following as is appropriate.

My child has: no illness, allergy or physical disability *
 the following illness, allergy or physical *
 disability
 * (cross out which does not apply)

which necessitates the following medical treatment

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Date of Birth:

Name of own Doctor:

Doctor's Address:

Doctor's Telephone No:

I consent to any emergency medical treatment necessary during the course of the events.

Signed _____ Date _____

Parent / Carer

ADDRESS	HOME	WORK
Telephone No	HOME	WORK
Mobile No		

If not available at the above, please state an alternative contact

Name: _____

Telephone No: _____ Mobile No: _____

(Please complete both sides of this form)

Has your child had any of the following:-

Asthma or Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of these questions is YES please give details:-

Immunisation Status

Has your child received vaccination against Tetanus in the last ten years?	YES	NO
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Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital?	YES	NO
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Has your child been given specific medical advice to follow in emergencies?	YES	NO
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If the answer to either of these questions is YES please give the details here:- (including dosage of any medicines / tablets).

If your child has been hospitalised or has had medical treatment in the last 12 months, please give full details and attach to this form. Non-disclosure of relevant information could invalidate insurance.

SIGNED _____
Parent / Carer

Please sign and return to Mr Briscoe