

CONSENT FORM FOR OFF SITE EDUCATIONAL VISITS

Educational visit to: Highley Education Centre
on 15/6/18

I agree that my child may take part in the above educational visit organised by the school.

CHILD'S NAME:

Signed: Date:

I consent / do not consent to my child being transported in the school minibus.
(delete as appropriate)
Drivers are approved personnel and the vehicle is fully insured.

1. The Coppice Primary School has arranged suitable travel insurance for pupils taking part in off site visits. The policy covers personal accident, loss of personal possessions, medical expenses (overseas) and in certain circumstances contribution towards the cost to parents of visiting their children if they are detained in hospital away from home.
2. The Coppice Primary School accepts no responsibility for accidents or injury to pupils or for loss of or damage to personal effects, unless caused by the negligence of the school or any member of its staff.
3. Parents/guardians must provide staff with telephone numbers at which they can be contacted in case of emergency, in particular should urgent medical treatment be necessary. Parents who are willing to allow urgent medical or dental treatment to be given to their child when necessary should sign below.

I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

I have received full information and agree to my child's participation in all outlined activities.

Signed: Date:
(Parent/Guardian)