BWS - EDUCATIONAL VISIT & ACTIVITY PARENTAL CONSENT & INDEMNITY FORM

*This form is only required for **Overnight Visits**. When completed by parents of SWGS girls who are attending BWS-led joint visits, the word 'son' shall be deemed to mean 'daughter'.*

NAME OF TRIP			
DATE OF TRIP			
FULL NAME OF CHILD		**TUTOR GROUP**	

Details of Journey/Visit:

Journey/visit to			
From		To	

I agree to my son taking part in the above trip. I have read the information sheet attached and agree to him participating in all of the activities described.

I acknowledge the need for my son to behave responsibly and to obey instructions given by staff at all times and I agree to indemnify the School and/or staff against any uninsured loss or expenses incurred as result of my son's misconduct or gross negligence, or reasonably incurred on behalf of my son during the trip.

MEDICAL INFORMATION

Does your son suffer from any conditions requiring medical treatment, including medication?

If yes, please give details:-

Does your son have any other conditions which the staff should be aware of, such as bed wetting, severe homesickness or sleep walking?

If yes, please give details:-

To the best of your knowledge, has your son been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?

If yes, please give details:-

Has your son received a tetanus injection in the last five years?

If yes, please give date:-

Is your son allergic to any medication?

If yes, please give details:-

Please outline any special dietary requirements or food allergies of your son:-

I agree for my son to be given the following medication if required:

Paracetamol	Yes	No	
Ibuprofen	Yes	No	
Imodium	Yes	No	
Rehydration sachet	Yes	No	

DECLARATION

I undertake to inform the Head Master as soon as possible of any change in medical circumstances between the date signed and the commencement of the journey.

I agree to my son receiving such emergency medical treatment, including :-

Anaesthetic as considered necessary by the medical authorities present.	Yes	No

If the trip/activity is to be covered by the Schools' policy, a summary of cover is available from www.bws-school.org.uk under Parent Portal / Useful Documents. On the occasions that the cover is provided by a third party organisation, a copy of the insurance cover provided will be made available by the trip leader.

I understand the extent and limitations of the insurance cover provided	Yes	No

CONTACT INFORMATION FOR THE PERIOD OF THE TRIP/ACTIVITY

Home Address	
Work Telephone No.	
Home Telephone No.	
Email address	

Please provide an alternative contact if you are not available

Name		Relationship	
Telephone No.			
Address			

Signed by **PARENT/GUARDIAN**			
Please Print Name		Date	

Please return to Mrs A Lloyd-Gilmour, School Trips Co-ordinator
Bishop Wordsworth's School, 11 The Close, Salisbury SP1 2ED
A copy of this form will be taken by the leader of any offsite trip or activity.