

**FORM D**

**REGULAR EDUCATIONAL/EXTERNAL VISITS PARENT/CARER CONSENT/INDEMNITY**

**School/Establishment:** Buglawton Primary School **Class/Year Group:**

**Participant: Date of Birth:**

I hereby agree to my child participating in regular off-site activities that include; local environmental studies, curricular swimming, joint sporting activities with other schools and church services, etc. This does not include residential visits, visits abroad and visits involving adventurous activities.

**I understand that:**

* The school will try, where possible, to inform you beforehand of the dates and nature of the activities and will have an opportunity to withdraw this general consent if I wish to do so. In some cases, especially for local visits on foot which are weather dependant, the school may decide at short notice to undertake the trip. In this case, it is unlikely that the school will be able to inform you prior to the trip taking place.

* Such activities will not often extend beyond the school day, but if they may do so, adequate advance notice will be given so that I can decide whether or not to consent and make appropriate arrangements for his/her safe return home.
* My specific permission will be sought for any off-site activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or enhanced hazards.
* All reasonable care will be taken of my child in respect of the activity/visit
* My child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal discipline during the visit/activity
* Any medical condition or physical disabilities will be notified to the school now and as and when they arise
* All participants are covered by the school’s third party public liability insurance in respect of any claim arising from an accident caused by a defect in school premises or equipment or attributable to negligence by the school or one of their employees. These arrangements do not provide personal accident cover.

**My child suffers from the following medical conditions which may need to be taken into account when he/she is participating in a regular external visit:**

**Signed (parent/carer): Date:**

**Print Name:**

**Relationship to Young Person:**

**Address:**

**Tel: Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**