

**Data Protection Act, 1998**

The information that you supply on this form will be used by Wood Green Academy for the purpose of maintaining and improving the level of service given for young people within Wood Green Academy. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Children and Families.

School/Group:	Wood Green Academy
Visit to:	1. Carding Mill Valley - Church Stretton, Shropshire. 2. Frankwell Quay – Shrewsbury.
Date and times:	26/2/18 Option C and D, 5/3/18 Option A set 1 and set 3, 6/3/18 Option A set 2 and set 4 (delete as applicable) 9am till 4pm
I consent to:	<input type="text"/> (full name)

taking part in this visit and have read the **accompanying letter**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

*(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes period of remote supervision, parents/wards should be asked for their specific consent for this.)*

**Medical information about your son/daughter/ward:**

Date of birth:  (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?

Yes  No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary?

Yes  No

Is your son/daughter/ward allergic or sensitive to any medication? eg penicillin

Yes  No

If yes please give details:

Please outline any dietary needs or food allergies:

I will inform the Group Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

**Emergency Contact Details**

I may be contacted by telephoning one of the following numbers:

Day:  Evening:  Mobile:

Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day:  Evening:  Mobile:

Address:

**Declaration**

I **agree / disagree** to my son/daughter/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree / disagree** to my son/daughter/ward receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:  (Parent/Guardian)

Print name:  Date:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**

This form should be taken on the visit by the Group Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

- 1. The Approval Form.
- 2. The Emergency Contact Form.

3. The Risk Assessment Form.
4. The Evaluation Form