

## PARENTAL CONSENT / MEDICAL FORM

School/Group			
Visit to / Venue			
Activities			
Pupils Name		Date of birth	

Date of Departure		Time	
Date of Return		Time	

**1. General consent and indemnity (please tick)**

I have received and read information the school/CYPS has provided for me outlining the type of visit and I understand the purpose and nature of the activities. I understand that during the visit the group will be under the supervision of a suitably qualified and experienced member of staff.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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I hereby undertake to indemnify Durham County Council and the staff in charge of the group against any claims, damages, costs and expenses reasonably incurred by them on behalf of my child during the visit. This indemnity will not extend to any claims, damages, costs or expenses against the risk of which Durham County Council or member of staff in charge are entitled to be indemnified under any policy of insurance.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**2. Medical Information about your child (please tick)**

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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I will inform the group leader as soon as possible of any changes in the medical or other circumstances between now and the date of the visit.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Please list any medical conditions or prescribed medication you want the group leader to be aware of.

(In special circumstances, you may wish to talk to the group leader prior to departure).

**List all medical needs -**

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**3. Signature of parent / guardian.**

**I am therefore willing to allow my child to take part in the proposed visit(s) activities.**

Name (capitals)		Relationship to young person	
Signature		Date	
Emergency contact number –			