

# Consent/Indemnity Form for Trips and Activities

The trips and activities covered by this consent form include:

- Off-site sporting activities outside the school day.
- Any visit within the UK that is not residential.
- Any visit within the UK that is not deemed to involve hazardous activities.

The school will continue to send you information about each trip before it takes place. You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activities.

Please complete this form if:

- You are happy for your child to take part in school trips and other activities that take place off the school premises but within the UK and do not involve either residential or hazardous activities.
- You are happy for your child to be given first aid or urgent medical treatment during any of the above school trips or activities (please ensure you have completed a Medical Form)

## I agree that:

1. I will pay for any damage to persons or property which is caused through the misconduct or carelessness of my child.
2. I will not hold the Head, school governors or any members of staff responsible for any loss of personal effects by my child during the trip where reasonable steps have been taken to safeguard those items.
3. I will reimburse the Head, school governors or any members of staff in respect of costs arising from an accident to, or illness of my child, for any other reason, during the trip.
4. I shall repay such expenses as quickly as possible.
5. I consent to my child travelling by any form of public transport or in a motor vehicle driven by any member of staff who accompanies the trip and is in possession of a full driving licence valid for the vehicle concerned.

In relation to the points above please note that parents/carers will not be asked to repay any sum of money where the sum has been the subject of a successful insurance claim by the Head, any school governor, or any member of staff.

If you have any concerns regarding your child's health which may affect a particular trip please provide a brief outline below:

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I give full permission for members of the school staff to authorise emergency medical treatment for my child and also to administer minor first aid if needed.

I note that I will inform the school if I have any concerns regarding any medical complaint or treatment needed which may affect my child's participation in future trips.

I have completed/updated the school's Medical Form.

## Signatures

Parent/Guardian 1 signature:.....

Name in full:.....

Relationship to child:.....

Date:..... DD / MM / YY

Parent/Guardian 2 signature:.....

Name in full:.....

Relationship to child:.....

Date:..... DD / MM / YY

## Emergency Contact Details

### Parent/Guardian 1

Mobile number:.....

Work number:.....

Home number:.....

Email:.....

### Other named emergency contact (1)

Name:.....

Relationship to child:.....

Mobile number:.....

Work number:.....

Home number:.....

Email:.....

### Parent/Guardian 2

Mobile number:.....

Work number:.....

Home number:.....

Email:.....

### Other named emergency contact (2)

Name:.....

Relationship to child:.....

Mobile number:.....

Work number:.....

Home number:.....

Email:.....

ALL DETAILS WILL BE TREATED IN THE STRICTEST CONFIDENCE

### GAYHURST SCHOOL TRUST

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