

**UNSWORTH PRIMARY SCHOOL  
EDUCATIONAL OFF-SITE VISIT  
PARENTAL CONSENT FORM  
CONFIDENTIAL**

<b>FOR REGULAR ACTIVITIES</b>
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***Data Protection Act.** The information being collected on this form will only be used for the purpose of administration of visits and journeys under Bury MBC guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Education Authority, without your written consent.*

Dear Parent or Carer  
Your daughter/son is attending the **Y4 Becky Adlington Swim Stars Programme**

As part of the programme we have planned a series of lessons **every Friday at Total Fitness, Whitefield leaving Unsworth after lunch and returning to Unsworth by 3.15pm for the period 5<sup>th</sup> January to 22<sup>nd</sup> June 2018.**

We require your consent to allow your daughter/son to take part under the supervision of our qualified and experienced staff.

If you wish to withhold your permission for any or all of the programme, please fill in the last part of this form.

- |    |                           |  |
|----|---------------------------|--|
| 1. | Description of Activities | <b>1. Walk from Unsworth to Total Fitness</b><br><b>2. Swimming lesson at Total Fitness</b><br><b>3. Walk back to Unsworth</b> |
|----|---------------------------|--|

2. Name of Participant .....

3. Address ..... Tel No .....

4. Age..... Date of Birth .....

5. Alternative Contact Address & Telephone No .....  
.....  
(for emergency use)

6. *Personal Information:* Please give details requested below or personal information which might be relevant.

A. Has your child, to your knowledge, been in contact with your infectious illness in the last three weeks?  
YES/NO If yes, give details .....

B. Does he/she suffer from allergies, Diabetes, migraine, Epilepsy, bad period pains or any other illness or disability?  
YES/NO If yes, give details .....

C. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food, etc.)?

YES/NO If yes, give details .....

D. Is he/she actively sensitive to penicillin?  
YES/NO If yes, give details .....

E. Is he/she receiving any medical treatment at present?  
YES/NO If yes, give details of illness/disability and treatment .....

F. Date of last anti-tetanus injection .....

G. Does he/she have any special dietary needs? .....

H Can he/she swim 50 metres? YES/NO

I. Name, Address & Tel No of own Doctor? .....

7. Insurance: Please note the school has bought into Offsite Activities Insurance. Participants are covered by Bury Metropolitan Borough Council insurance in the event of negligence by one of its employees or agents.

8. **PARENTAL CONSENT:**

- (i) I agree to my son/daughter taking part in the above activities.
- (ii) I understand that the staff responsible for the activities will take all reasonable care of participants.
- (iii) I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

**Signed** ..... **Date** .....

(Please print your name alongside your signature)

9. Please return this form to: Mr Garside