

2011
ART DEPARTMENT
BARCELONA ART TRIP
The Glasgow Academy

Parental Consent Form for Overnight Visit

Personal Information

Pupil's Name:

Class/Tutor Group:

Date of Birth:

This consent form relates to:

Trip/Activity/Visit: **BARCELONA ART TRIP.**

Location: **BARCELONA, SPAIN.**

Teacher in Charge: **MR.J.M.McNAUGHT**

Date(s): **Wednesday 21st September 2011 to Saturday 24th September 2011**

Home Address:

Home Telephone Number:

Work Telephone Number Father:

Work Telephone Number Mother:

Mobile Telephone Number(s):

If you are going to be away from home at any time during the trip please provide details of your address and telephone contact numbers and relevant dates:

Please provide details of the person whom you have asked to be an emergency contact in the event that the school is unable to reach you at the above telephone numbers:

Emergency contact name:

Emergency contact address:

Emergency Telephone Number(s):

Relationship: (e.g. grandparent, friend):

Medical Information

Name and Address of Family Doctor:

Telephone Number:

Child's Name and NHS Number:

Date of last Tetanus Immunisation:

Does your child suffer from any of these conditions? If YES. Please specify:

Asthma YES/NO

Diabetes YES / NO

Epilepsy YES / NO

Hay Fever YES / NO

Skin conditions YES / NO

Glandular Fever YES / NO

Blood Disorders YES / NO

Mobility Problems YES / NO

Allergies YES / NO

Dietary Requirements YES / NO

Contact with infectious diseases in the last four weeks YES / NO

Any other medical concerns. Please specify

Any prescribed medication. Please specify dose, frequency, whether self-administered:

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Swimming

If the information letter includes swimming or any other activity on water as part of this trip please complete this section:

My child is	a non swimmer	YES / NO
	a swimmer of limited ability in a pool	YES / NO
	a competent swimmer in a pool	YES / NO
	a competent swimmer in the sea or open water	YES / NO
	a qualified life – saver	YES / NO

Parental Agreement and Consent for Overnight Visit

1. I agree that my son/daughter may participate in the school trip and in the activities entailed, as detailed above and in the information letter(s) I have received.
2. Whilst on the school trip, I understand that my son/daughter is under the care of the staff (and any volunteer helpers) and that s/he will be expected to abide by their reasonable instructions and rules. I have discussed with my son/daughter the absolute need at all times for a high standard of sensible behaviour that contributes positively to the purpose of the trip, ensures the health and safety of pupils, staff and others, and upholds the good name of The Academy.
3. I have read, and have ensured my son/daughter has read or had explained to him/her, The Academy's policy on school trips, and agree that my son/daughter is bound by the rules and requirements therein. I understand that disciplinary action will be taken against my child if s/he fails to abide by the rules and requirements of the policy.
4. I understand and accept that, in the event of serious misbehaviour by my child, I may be required by the teacher-in-charge to collect or make arrangements for my child to be collected and brought home early.
5. I further agree: (a) to pay for any damage to the person or property of others which may be occasioned, alone or with others, through the misconduct or malicious intent of my child; (b) to indemnify the Trustees, Governors and the Rector of The Academy, or any member of staff or volunteer accompanying the trip, in respect of any expenses reasonably incurred in consequence of any disciplinary matter involving my child.
6. I undertake to inform the teacher-in-charge of the trip if my child contracts a contagious illness at any time up to the trip's departure.
7. I consent to the administration of such medications as may be purchased over the counter under the guidance of a member of staff while participating in school trips
8. In the event of an emergency and should there be undue delay in contacting me, I hereby authorise any member of staff accompanying the trip to consent to such medical treatment, including inoculation, surgery, medicine, or blood transfusion, as may be necessary for my child in the event of accident or illness, in the opinion of a qualified medical practitioner.

(both parents are asked to sign if possible)

Signed:	(parent)	Date:
Signed:	(parent)	Date: