

BWS - EDUCATIONAL VISIT & ACTIVITY PARENTAL CONSENT & INDEMNITY FORM 4

*This form is only required for **Overnight Visits**. When completed by parents of SWGS girls who are attending BWS-led joint visits, the word 'son' shall be deemed to mean 'daughter'.*

NAME OF TRIP	DUKE OF EDINBURGH BRONZE AWARD – TRAINING DAY		
DATE OF TRIP	SATURDAY 19 MARCH 2106		
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to	BISHOP WORDSWORTH'S SCHOOL		
From	0815 HRS 19/03/2016	To	1645-1700 HRS 19/03/2016

I agree to my son/ward taking part in the above trip. I have read the information sheet attached and agree to him participating in all of the activities described.

I acknowledge the need for my son/ward to behave responsibly and to obey instructions given by staff at all times and I agree to indemnify the School and/or staff against any uninsured loss or expenses incurred as result of my son's misconduct or gross negligence, or reasonably incurred on behalf of my son/ward during the trip.

MEDICAL INFORMATION

Does your son/ward suffer from any conditions requiring medical treatment, including medication?

If yes, please give details:-

Does your son/ward have any other conditions which the staff should be aware of, such as bed wetting, severe homesickness or sleep walking?

If yes, please give details:-

To the best of your knowledge, has your son/ward been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?

If yes, please give details:-

Has your son/ward received a tetanus injection in the last five years?

If yes, please give date:-

Is your son/ward allergic to any medication?

If yes, please give details:-

Please outline any special dietary requirements or food allergies of your son:-

--

I agree for my son/ward to be given the following medication if required:

Paracetamol	Yes	No	
Ibuprofen	Yes	No	
Imodium	Yes	No	
Rehydration sachet	Yes	No	

DECLARATION

I undertake to inform the Head Master as soon as possible of any change in medical circumstances between the date signed and the commencement of the journey.

I agree to my son/ward receiving such emergency medical treatment, including :-

Anaesthetic as considered necessary by the medical authorities present.

Yes	No
-----	----

If the trip/activity is to be covered by the Schools' policy, a summary of cover is available from www.bws-school.org.uk under Parent Portal/Useful Documents. On the occasions that the cover is provided by a third party organisation, a copy of the insurance cover provided will be made available by the trip leader.

I understand the extent and limitations of the insurance cover provided

Yes	No
-----	----

CONTACT INFORMATION FOR THE PERIOD OF THE TRIP/ACTIVITY

Home Address	
Work Telephone No.	
Home Telephone No.	
Email address	

Please provide an alternative contact if you are not available

Name		Relationship	
Telephone No.			
Address			

Signed by
PARENT/GUARDIAN

Please Print Name

	Date	

**Please return to DofE Box in the new Reception,
Bishop Wordsworth's School, Exeter Street, Salisbury SP1 2ED**

A copy of this form will be taken by the leader of any offsite trip or activity.