

### PARENTAL CONSENT FORM

For off-site visits away from the school lasting more than half a day (including longer visits to other education establishments that return outside of school hours) or involving an overnight stay.

Name of School/Youth Group : .....

Proposed visit : .....  
.....  
.....

To the Headteacher / Line Manager

I am willing to allow my child \_\_\_\_\_ date of birth \_\_\_\_\_ to  
take part in the visit to \_\_\_\_\_ on \_\_\_\_\_ 200( )

I have received and read information the school 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 child will be under the supervision of the teacher in charge or under the supervision of a suitably qualified and experienced member of staff.

I further consent to the giving of urgent medical or surgical treatment to my child as may prove necessary during the visit.  
Please list any medical conditions or prescribed medication you want the school to be aware of. (In special circumstances, you may wish to talk to the group leader prior to departure).

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I hereby undertake to indemnify Durham County Council Education Authority and teacher(s) in charge of the school party 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 Education Authority or teacher(s) in charge are entitled to be indemnified under any policy of insurance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent / guardian)

Address: .....  
.....  
.....

Emergency Contact Telephone Number : .....

Telephone Numbers (Day and Evening if different)

Home : ..... Mobile : .....