

Form EV4 (Amended)

PARENTAL CONSENT / MEDICAL FORM – for a specific visit / trip

School/Group			
Visit to / Venue			
Activities			
Pupils Name		Date of birth	

Date of Departure		Time	
Date of Return		Time	

1. General consent and indemnity (please tick)

I have received and read information the school/CYPS 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 group will be under the supervision of a suitably qualified and experienced member of staff.	YES		NO	
I hereby undertake to indemnify the school/service, Durham County Council and the staff accompanying the group against any costs and expenses reasonably incurred by them on behalf of my child during the visit (for example, the cost of replacement food or clothing not supplied for a trip/visit). This indemnity will not extend to any claims, damages, costs or expenses against the risk of which Durham County Council or member of staff are entitled to be indemnified under any policy of insurance.	YES		NO	

2. Medical Information about your child (please tick)

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.	YES		NO	
I will inform the group leader as soon as possible of any changes in the medical or other circumstances between now and the date of the visit.	YES		NO	

Please list any medical conditions or prescribed medication you want the group leader to be aware of.

(In special circumstances, you may wish to talk to the group leader prior to departure).

List all medical/dietary needs -

3. Signature of parent / guardian.

I am therefore willing to allow my child to take part in the proposed visit(s) activities.

Name (capitals)		Relationship to young person	
Signature		Date	

Emergency contact number –