

WOOTTON ACADEMY TRUST

PERSONAL INFORMATION AND CONSENT FORM

This information is provided to the Group Leader who will only share information with other staff as necessary for the safety and wellbeing of the participant. **Please return this completed form to reception at Kimberley College.**

Details of visit:

Group:	Year 12 students
Group Leader:	Mrs Carol Stewart
Group Leader emergency contact number(s):	07720 039851
Place of Visit:	University of Bedfordshire Bedford Campus Polhill Avenue Bedford MK41 9EA 01234 400400
Dates and times:	Friday 21st June 8.25am (Wootton) 9am (Kimberley) – 12.30pm
Activities to be undertaken:	Students will be visiting representatives from universities, volunteer and gap year programmes and career opportunities (these are listed on the University website) and attending presentations about University courses and student life.

Please retain this section for future reference.

Before signing this consent form, it is important that you understand:

1. Wootton Academy Trust will take all reasonable care of the student.
2. The student may suffer injury, loss, or damage to their property while on the event outside School for which Wootton Academy Trust is not liable. You may wish to consider taking out insurance to cover this eventuality. See below 'Statement to Parents/Carers on Insurance Cover'.
3. I agree the student receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In all cases, every effort will be made to contact parents in the first instance so long as time allows.
4. I *give/do not give permission for the student to receive pain relieving medication when appropriate (a maximum of one dosage of paracetamol only, and a dosage is equivalent to tablets of 1000 mg each).
*Please delete as applicable.

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STATEMENT TO PARENTS/GUARDIANS ON INSURANCE COVER

This information is provided in order to help parents/carers make an informed decision about whether a student can attend an event outside school.

Wootton Academy Trust has Indemnity School Journey Policies. A copy of the summary of the Policy can be inspected at the School on reasonable notice.

Claims are to be notified in writing to the Group Leader at Wootton Academy Trust as soon as possible, with full details to be provided within 30 days of the claim (7 days in respect of riot or malicious damage) including supporting evidence in writing. The Police must be notified as soon as possible in the event of theft or malicious damage.

This information is not a statement that the insurance cover provided by Wootton Academy Trust is sufficient. If you are in any doubt about whether the student or their personal effects are adequately insured, you should seek independent advice from an authorised insurance broker. Wootton Academy Trust cannot provide advice about insurance.

Occasionally Wootton Academy Trust provides additional insurance for an event outside School. In these circumstances, the details will be set out below under 'Details of additional insurance cover'. However, it is still the parents /carers' responsibility to ensure that they are satisfied that the student has an adequate level of insurance cover.

Details of additional insurance cover

Additional insurance cover is NOT provided for this event outside School.

This section to be completed by Parent/Carer and returned to reception at Kimberley College as soon as possible:

(PLEASE USE BLOCK CAPITALS)

Young person's full name: Young person's mobile number (essential)	Date of birth:
Home address:	Tel. number:
Names, addresses and contact numbers of <u>parent(s)/carer(s)</u>:	
i)	Relationship to young person:
ii)	Relationship to young person:
Name, address and contact numbers of <u>other person(s)</u> who can be contacted in case of an emergency:	
i)	Relationship to young person:
ii)	Relationship to young person:
Doctor's name and practice address:	Tel. number:
Please give name and dosage of any medication currently being taken:	

I ***give/do not give** permission for my child to receive pain relieving medication when appropriate (one dosage of paracetamol only).

***Please delete as applicable.**

National Health number (if known):

Please indicate allergies (eg medicines, food etc. - please specify):

Please indicate any food not eaten for religious or health reasons:

Date of last known anti-tetanus injection:

Please provide any other information which might be useful in an emergency, or which you as a parent feel the Group Leader should be aware of, for example allergies, phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, etc:

CONSENT

Having read all the information provided, I agree to my child taking part in any or all of the activities described.

Name: _____ in class (if applicable): _____

may take part in the visit **Bedfordshire Higher Education Exhibition** 21st June 2019
_____ on date: _____

They will joining the bus at **Wootton at 8.25am/Kimberley at 9am**. Please delete as applicable.

Signature of young person: _____ Date: _____

Signature of parent/carer: _____ Date: _____