



Founded in 1567

**TRIPS AND VISITS
INDEMNITY FORM**

Student's Name:.....Date of Birth.....Form:.....

1. Details of Journey

Staff Responsible:.....

Destination of Trip or Visit:

Date:

I agree to my son/daughter taking part in the above mentioned visit, and having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. Medical Information

a. Does your son/daughter suffer from any conditions requiring medical treatment, including medication?

If yes, please give brief details.

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b. To your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious.

If YES, please give details.

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c. Has your son/daughter received a tetanus injection in the last five years? YES/NO

d. Is your son/daughter allergic to any medications? If YES, please give details.

Please outline any special dietary requirements that your son/daughter may require.

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The school will try to ensure that all coaches used for school trips and visits are fitted with seat belts and, where seat belts are fitted, the students are expected to wear them. We ask that parents also speak to their son/daughter about the importance of wearing a seat belt.

All school Trips carry insurance for loss and personal injury. This insurance is not a new for old policy and does not cover cash that is carried by any member of the party other than the designated leaders. If you would like more details please contact the school. A copy of the insurance policy is readily available to any parent who wishes to see it. Please contact Mrs. Allsop at the school if you would like a copy of the insurance policy sent to you.

3. Declaration

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I understand the situation with regard to the wearing of seatbelts as stated above.

I understand that the school's disciplinary code of conduct applies on school trips and this includes no smoking, no drinking of alcohol or use of any illegal substance.

I may be contacted by telephoning the following numbers:

Work:.....Home:.....

My home address is.....

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If I am not available please contact:.....

Relationship:.....

Address.....

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Telephone:.....

Name, address and telephone number of the family doctor:

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I declare that I will inform the party leader of any change of the above circumstances, particularly with respect to any change in the medical condition of my son/daughter and his or her contact with infectious or contagious diseases prior to the departure of the trip.

Signed:.....Parent/Guardian

Please print name:Date:.....

N.B. This form must be taken on the trip/visit by the Party Leader.

A copy of this form must be left in school, with Anita Allsop, before the trip departs. No student will be allowed to travel on any offsite visit unless this form is completed and returned to the school at least three days before the visit is due to be made