

August 2020

Dear Parents/Guardians

**Annual Consent/Indemnity Form for School Trips and Activities**

Please see below our annual consent form school visits and off-site activities. Could you please help by filling in the details below and signing as appropriate? This information will be requested at the beginning of every academic year so that our records are kept up to date. If at any time during the school year you realise that these details needs amending, particularly concerning medical or contact arrangements, please contact Ms. Linda Msolla on linda.msolla@kennedyhouseschool.org

**Please note the following important information before completing the form below:**

The trips and activities covered by the consent form include:-

Off-site sporting activities during and after the school day.

Any visit within Tanzania that is not residential.

Any visit within Tanzania that is not deemed to involve hazardous activities.

School outings that require over-night stays off the school campus

The school will still send you information about each trip or activity before it takes place.

You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity. We will always inform you of specific events and travel with as much advance warning as possible.

**Please complete the form below if:**

* You are happy for your child to take part in school trips and other activities that take place off the school premises but within Tanzania and do not involve either residential or hazardous activities.
* You are happy for your child to be given first aid or urgent medical treatment during any of the above school trips or activities.
* You are happy for photographs or film of your child to be used in relation to school work or school publicity.

Whilst we are trying to reduce the volume of paperwork going out to parents involving trips, if your child is involved in a trip or activity that involves residential, hazardous activities or is going abroad then you will be asked to provide more detailed information.

Yours sincerely



Frances Charters

Head of School

**Annual Consent/Indemnity Form for School Trips and Activities**

Name of child 1:....................................................................Class:.............................................

Name of Child 2………………………………………………………………… Class…………………………………………..

Name of Child 3………………………………………………………………….Class…………………………………………..

Photographs

I am happy for photographs/films of my son/daughter to be used in relation to school work or in school publicity / publications. This includes the weekly internal newsletters, school website, facebook and instagram pages.

No children are ever named or personally #, nor are any parents or family names.

I give permission for my child to be photographed in school.

Parent/Guardian’s Name………………………………………………………………..

\*Signed..................................................................................

Date:…………………………………………

Medical Information

Please provide details of any medical condition your child has, including regular medication needs, e.g. epilepsy/asthma/inhaler, diabetic/insulin/migraines etc. Please also provide the name, address and telephone number of your preferred GP/Medical Centre.

Medical conditions Child No 1:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions Child No 2:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions Child No 3:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies(including food) Child No 1:

Allergies(including food) Child No 2:

Allergies(including food) Child No 3:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, address and telephone number of Preferred Medical Centre/G.P.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I give full permission for members of school staff to authorise emergency medical treatment in an emergency for my child and also to administer minor first aid if needed.

Parent/Guardian’s Name…………………………………………………………………………………………………….

Signed .......................................................

Date:………………………………………….

**Annual Consent / Form of Indemnity**

I agree that:

1. I will pay for any damage to persons or property which is caused through the misconduct or carelessness of my child.

2. I will not hold the Head teacher, school governors or any member of staff responsible for any loss of personal effects by my child during the trip where reasonable steps have been taken to safeguard those items.

3. I will reimburse the Head teacher, school governors and any member of staff in respect of any accident to, or illness of my child, or for any other reason.

4. I shall repay such expenses as quickly as possible.

5. I consent to my child travelling by the school bus or in a motor vehicle driven by any member of staff who accompanies the trip and is in possession of a full driving licence valid for the vehicle concerned. Parents will always be notified prior to each school trip as to the travel arrangements, at which point you can confirm your preference.

In relation to the points above please note that parents/carers will not be asked to repay any sum of money where the sum has been the subject of a successful insurance claim by the Head teacher, any school Governor, or any member of staff.

If you have any concerns regarding your child’s health which may affect a particular trip please provide a brief outline below:

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I note that I will inform the school if I have any concerns regarding any medical complaint or treatment needed which may affect my child’s participation in future trips.

Telephone numbers where parents/carers may be reached in an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Home | Work | Mobile |
| Mother |  |  |  |
| Father |  |  |  |
| Carer |  |  |  |
| Other Family Member |  |  |  |

I hereby sign the Annual Consent/Indemnity Form to give permission for my child to take part in visits and agree to the conditions in this agreement.

Parent/Guardian’s Name………………………………………………………………………………………………..

Signed:………………………………………………………………………………..

Date:…………………………………………………………….

**Medical Consent Form**

**Please fill in a separate form for every child**

|  |  |
| --- | --- |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Class:** |  |
| **Medical Conditions:***(Please write None if None)* | 1. |
| 2..  |
| **Medicines Regularly Used and Dosage:** | 1. |
| 2. |
| **Allergies and Side Effect:***(e.g. Penicillin -> Rash)* | 1. |
| 2. |
| **Contact Name in an Emergency:** | 1.Relationship to Child: Telephone:  .  |
| 2. Relationship to Child:Telephone: |
| 3.  Relationship to Child:Telephone: |

|  |
| --- |
| The following **5** medicines are held by the school and in our first aid boxes. We will administer them in an emergency if required. Please tick **YES** box for each medicine separately if you consent. |
| **Medicine** | **Yes** | **No** |
| 1. **Paracetamol:**

used for when your child needs pain relief and to bring down a temperature |  |  |
| 1. **Chlorpheniramine** (Piriton):

used for when your child has an allergy to something or a bite, rash or is itchy |  |  |
| 1. **Salbutamol** (Ventolin):

usedfor when your child is wheezy, short of breath |  |  |
| 1. **Antibiotic Cream:**

used topically for when your child has local skin infections such as infected bites  |  |  |
| 1. **Antihistamine Cream:**

used topically for when your child has an infection or a rash |  |  |

**Parent Name:…………………………… Parent Signature:……………………………..**