

**NORTHGATE HIGH SCHOOL EDUCATIONAL VISITS - PARENTAL CONSENT FORM (PC/O7)**

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Tutor group: \_\_\_\_\_ School name: Northgate High School

Visit(s) to: \_\_\_\_\_

Date(s) of visit(s): \_\_\_\_\_

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

**I have read the information provided overleaf** with regard to the standard of behaviour and code of conduct expected during the visit and **I undertake to reinforce this information with my child.**

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: \_\_\_\_\_

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the school governors.

Signed: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_

**Please also complete the sections below**

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

**Home Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Alternative Contact**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from **any illness or medical condition**. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is **receiving medication**, with details and dosage, any specific **dietary requirements**, and/or any **other relevant information**.

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

## **Code of Conduct for Northgate Students Involved in Off-site Activities**

All students need to be familiar with the following:

- All school rules/guidance will be applicable to off-site activities, including no smoking, vaping, no consumption of alcohol and no use of illegal substances.
- Students are expected to follow the instructions of school staff and visit centre staff at all times.
- Students are to observe and adhere to the codes of conduct at the place(s) visited.
- In the event of an emergency, students are to inform their group leader immediately and follow any instructions and advice as given by their group leader.

All parents and carers need to be familiar with the following:

- In the event of illness, or persistent/severe misbehaviour, parent(s) or carer(s) must be prepared to resume supervision of their child prior to the scheduled completion of the visit. Any costs incurred in collecting the student will be the responsibility of the parent or carer.