



HEATHWOOD LOWER SCHOOL, Heath Road, Leighton Buzzard, Bedfordshire LU7 3AU

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Headteacher: Mrs Jackie Wright B. Ed (Hons)

Dear Parent/Carer,

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 well-being of the participant. This form is to be returned to the School Office on completion.

Details of visit

Group	Year 4 Residential Trip
Place of Visit	The Chellington Centre St Nicholas Church Felmersham Road Carlton, Bedford MK43 7NA Tel: 01234 720726 If you need to contact your child's class during the trip, please call the school. If it is out of school hours please email office@heathwood.beds.sch.uk
Dates and times	Thursday 25 th - Friday 26 th April 2024
Activities to be undertaken	Bootcamp Mini Map Makers - Cartography And a River Study

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

1. That whilst the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor the Local Authority, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the educational visit or journey, unless such loss, damage or injury results from the negligence of Central Bedfordshire Council, its employees or official volunteers.
2. The extent and limitations of the insurance cover provided (see accompanying Statement of Insurance).
3. That you are agreeing to your child 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. (In all cases every effort will be made to contact parents in the first instance so long as time allows).
4. That you are giving permission for your child to receive pain relieving medication when appropriate (one dosage of paracetamol only).

If there are any amendments to the answers given after the form has been handed in **PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY.**

Please retain this page for future reference.

STATEMENT TO PARENTS/CARERS ON INSURANCE COVER

- Where a young person is injured or their personal property damaged by an accident resulting from the negligence of Central Bedfordshire Council, its employees, or any voluntary helper, a legal claim for damages can be made against the Council. The Council has insurance cover to meet such proven claims.
- If the accident was not due to the negligence of Central Bedfordshire Council, its employees or voluntary helpers, then you cannot be compensated by the Council. You may, however, be able to make a claim on a third party involved in the accident, for example, a motorist.
- Central Bedfordshire Council does not provide Personal Accident Insurance cover for young persons (except those attending the Blue Peris Mountain Centre) and you may wish to consider providing Personal Accident Insurance Cover for your child, unless the information to parents indicates that the school has made provision. Most insurance companies can provide cover.
- If your child is going on a school visit or journey, the above advice still applies, but the school may have provided additional insurance cover. If additional insurance cover has been provided, the details are shown below. If you are not satisfied with the extent of the cover provided, you can provide additional insurance for your child.

Details of additional insurance cover

NONE

This page is to be completed by Parent/Carer and returned to the School Office:

(PLEASE USE BLOCK CAPITALS)

Date & Place of Visit: 25 th & 26 th April 2024 - The Chellington Centre	
Young Person's Full Name:	Date of Birth:
Home Address:	Telephone Number:
Names, Addresses and Contact Numbers of Parent(s)/Carer(s):	
i)	Relationship to Young Person:
ii)	Relationship to Young Person:
Name, Address and Contact Numbers of other person(s) who can be contacted in case of an emergency:	
	Relationship to Young Person:
Doctor's Name and practice address:	Telephone Number:
Medical Illness (for example Diabetes, Epilepsy)	
Medication (Name and Dosage To Be Taken):	
National Health Service Number (if known):	

Please indicate allergies (e.g. 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 about your child. For example; phobias, hyperventilation, sleepwalking, travel sickness, toileting difficulties, etc.

CONSENT

1. Having read all the information provided, I agree to my child taking part in any or all of the activities described.
2. I agree to my child 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. (In all cases every effort will be made to contact parents in the first instance so long as time allows).
3. I give permission for my child to receive pain relieving medication when appropriate (one dosage of paracetamol only).

(Child's Name) _____ of Class 4 may take part in the visit or journey to **The Chellington Centre on Thursday 25th April to Friday 26th April 2024.**

Signature of young person _____

Date _____

Signature of parent/carer _____

Date _____