

Name of Pupil: \_\_\_\_\_

**DURHAM COUNTY EDUCATION COMMITTEE**  
**EDUCATIONAL VISIT TO \_\_\_\_\_**

From: \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

I hereby consent to the attendance of my son(s)/daughter(s), upon the above educational visit when the person(s) in charge of the party of school children will be an employee or approved agent of Durham Education Authority or, in the case of Voluntary Aided Schools, an employee or approved agent of the Governing Body of the School.

I further consent to the giving of such urgent medical or surgical treatment to my son(s)/daughter(s) as may prove necessary during the visit.

I hereby undertake to indemnify the Education Authority and person(s) in charge of the school party against any claims, damages, costs and expenses reasonably incurred by them on behalf of my son(s)/daughter(s) during the visit. This indemnity will not extend to any claims, damages, costs or expenses against the risk of which the Education Authority or person(s) in charge are entitled to be indemnified under any policy of insurance.

(Please tell the accompanying teacher any necessary confidential information, such as incontinence, otherwise please complete the form).

Allergies \_\_\_\_\_

Medication (inc. details of dosage) \_\_\_\_\_

Contagious or infectious diseases suffered in the last 3 months \_\_\_\_\_  
\_\_\_\_\_

Other recent illnesses \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

Activities which the child can not participate in e.g. swimming \_\_\_\_\_

\_\_\_\_\_ Is the child travel sick? \_\_\_\_\_

Any other information about which the school and Centre should be aware \_\_\_\_\_  
\_\_\_\_\_

Name, Telephone Number & Contact address of the family G.P. \_\_\_\_\_  
\_\_\_\_\_

Parents contact address \_\_\_\_\_

Parents contact telephone number \_\_\_\_\_

Parents alternative/emergency address and telephone numbers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

(Parent or Guardian)

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