

# SUTTON GRAMMAR SCHOOL FOR BOYS – OUTDOOR CHALLENGE CONSENT FORM

Sunday 30<sup>th</sup> June – Thursday 5<sup>th</sup> July

NAME \_\_\_\_\_ FORM \_\_\_\_\_

## DECLARATION BY PARENT/GUARDIAN OF:

**I enclose deposit of £75/full payment of £319.** (Delete as applicable. Cheques to Sutton Grammar School, please).

I understand that alterations to the arrangements may be necessary. Whilst the staff in charge of the visit will take all reasonable care of the pupils, I understand and have explained to my child that he will be required to obey the instructions and advice of the leaders in charge and other accompanying adults and will be subject to the school's general code of behaviour.

I understand that neither the school nor the governing body can be held responsible for any loss or damage to property suffered by my child during or arising out of the visit other than that due to negligence of the governing body or any of its employees. I agree to pay for any damage that may be caused by the misconduct or carelessness of my child to the person or property of any other party or parties. I will indemnify the Leader of the visit in respect of any expenses reasonably incurred in consequence of any accident to or illness of my child.

I have received a copy of "School Journey Insurance-Guidance Notes for the Parents/Guardians" setting out the brief details of the insurance cover provided by the governing body and understand that I may take additional cover by making my own arrangements.

During these activities, the school will carry out fully its in loco parentis responsibility. This means that in the event of an accident, the team leader may have to take medical decisions on behalf of the parent.

Declaration: **I have checked/filled out the emergency contact details below and they are correct, and have completed the information about any dietary needs or medical conditions on the back of this form.** I agree to my child taking part in all the activities, including swimming under supervision if the programme permits, and that the leaders may take decisions on my/our behalf about medical situations in the case of an accident, should they not be able to contact a parent first. My child is in good health and I consider him fit to go on the visit.

Signed

Name:

Email address:

Address:

Mobile (optional - if delayed/early returning, we will endeavour to send a message to this number):

Other contact numbers::

## MEDICAL INFORMATION/DIETARY REQUIREMENTS

### Have you in the last 5 years had:

Asthma	YES/NO
Shortness of breath	YES/NO
Convulsions	YES/NO
Diabetes Mellitus	YES/NO
Epilepsy, fits or blackouts	YES/NO
Nervous or mental problems	YES/NO
Back problems	YES/NO
High Blood Pressure	YES/NO
Heart Problems	YES/NO

WE CANNOT PROCESS YOUR FORM UNTIL ALL THESE QUESTIONS ARE ANSWERED. PLEASE INCLUDE A CONDITION SUCH AS ASTHMA OR DIABETES EVEN IF IT CAUSES YOU NO PROBLEMS.

If you have answered YES to any question in this box, or have any other information about your he

### Are you allergic to any of the following?

Aspirin	YES/NO
Penicillin	YES/NO
Plaster/ elastoplast etc	YES/NO
Any Immunizations / other drugs	YES/NO
Food (especially peanuts)	YES/NO
Anything else	YES/NO

Have you ever been admitted to hospital or suffered any major accident or illness? YES/NO

Do you take any medicines regularly? YES/NO

### Does your diet require you to avoid:

<b>beef?</b>	YES/NO
<b>pork?</b>	YES/NO
<b>all meat?</b>	YES/NO
<b>fish?</b>	YES/NO
<b>other (give details)?</b>	YES/NO

## FOR THE PARTICIPANT TO COMPLETE

It's often easier to get information to you direct by text message or email, so if you have a mobile and/or email address that you check frequently, write them below.

Mobile:

Email (print clearly):

Note: all info about the Outdoor Challenge will go up on [www.outspark.org.uk/challenge](http://www.outspark.org.uk/challenge)