



**PARENTAL CONSENT FORM- TRIPS**

This form will act as consent for a child being taken for a walk in the village, to the church, or local areas within walking distance. The children will be well supervised.

It is also used as a medical consent form when going on an organised school trip. **In the unlikely event of there being any medical or other emergency while your child is on a school trip the information on this form would be essential. Will you therefore, complete it and return to school as soon as possible.**

It is important that you should note that your child is not insured by the Education Authority against personal accident. *However, for each trip a policy is taken out covering loss of personal effects, medical expenses and the cost to parents of visiting a child who may be detained in hospital away from home.* Full details of the policy are available in school. The cost of this insurance will be included in the cost of the visit.

The County Council accepts no responsibility for accidents or injury to pupils, or for the loss or damage of personal effects, unless the cause is negligence of the County Council or any member of its staff.

I agree that medical and dental treatment may be given to my child, if necessary, including the administration of a general anaesthetic and to surgical operation in the case of emergency, in accordance with the recommendation of a qualified practitioner. *If you do not agree please write clearly on the bottom of this form.*

I consent to my child being taken on a walk in the village or surrounding areas.

I understand that I will be informed about any organised trip and that I have the right to withdraw my child from any trip if I wish.

I understand that insurance is taken out by the school for each trip and that I can take out additional independent insurance if I wish. (Information available from school).

In the event school staff need to contact someone in an emergency whilst on a school trip or visit please list two emergency contact numbers below.

Contact Name	Relationship to Child	Telephone Number

**Please also complete the form overleaf /.....**

Signed:..... Date:.....

## Procedures for First Aid on a School Trip

Date ..... Class:

Family Name:..... Child's Name .....

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### Serious Accidents

In the event of a serious accident the Qualified First Aider will initiate an emergency procedure. Emergency treatment will be carried out by appropriately qualified members of staff. The carer/family will be contacted and asked to meet either at the school or the Emergency Department. An ambulance will be called. The child will be accompanied either by an appropriate member of staff or a carer/family member.

### Other Accidents

For accidents which do not require immediate attendance at hospital, appropriate first aid will be carried out by the qualified members of staff. The carer/family will be contacted. Treatments will be carried out using the following equipment:

Steri-wipes, plasters, dressings (non-adherent) and tape, savlon dry, wasp-eze.

Where a fracture is suspected an assessment will be made and the patient referred to hospital accordingly.

Asthma will be treated by using the child's inhaler+spacer device to a standards protocol.

### Minor Accidents and Injuries

These will be treated by the appropriate member of staff using the equipment detailed above and the carer/family contacted at the end of the day. Minor head injuries will usually be notified to the carer/family by letter or if appropriate, by telephone.

Salbutamol inhalers will be kept in a safe, but easily accessible place, available for immediate use by the child. A spacer will be available for emergency treatment, used in conjunction with the child's salbutamol.

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It is very important that the school are aware of any conditions that the child may have or medications that the child may need.

Please list the medications etc. that apply.

Inhaler ..... Medications .....

Food allergies ..... Animal allergies .....

Hayfever ..... Medical conditions .....

Any other important issues .....

Signed ..... Date:

Parent/Guardian